Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 1 of 60

First Name Middle Name Leet Name Debtor 2 (Spouse, If filling) First Name Middle Name Lest Mame	Debtor 1	Timothy	Scott	Fiene		
(Spouse, if filing) Fint Name Middle Name Last Name			Middle Name	Last Name		
Echonol II IIII (A) 1 Just Lord II						
Inited States Bankruptcy Court for the: Eastern District of Texas	(Spouse, if liling)) First Name	Middle Name	Lest Name		
Other Care and State and S	United States Bankruptcy Court for the: Eastern District of Texas					
Care number 19-40370	Case number	(if known)				

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Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	• Ø
1a. Copy line 55, Total real estate, from Schedule A/B	\$ _
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 16,517.46 \$ 16,517.46
1c. Copy line 63, Total of all property on Schedule A/B	\$ 16,517.46
Part 2: Summarize Your Liabilities	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	Your liabilities Amount you owe \$ 18,862, 20 \$ 99,526,81 \$ 118,388,81
4. Schedule I: Your Income (Official Form 106I)	= 5 112 24
Copy your combined monthly income from line 12 of Schedule I	* <u>U,// ~ .</u>
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$ 5,112.24 \$ 7,073.5

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 2 of 60

Debt	or 1 Timothy	Scott e Name Lan Name	Fiene	Cese number (# known 19-403	70
Pai	t 4: Answer These C	luestions for Admir	nistrative and Statistical	Records	
1	Are you filing for bankrup No. You have nothing to Yes			ibmit this form to the court with your	other schedules.
	family, or household pu	ily consumer debts. (rpose." 11 U.S.C. § 10 marily consumer deb	1(8). Fill out lines 8-9g for statis ts. You have nothing to report	urred by an individual primarily for a patical purposes. 28 U.S.C. § 159. on this part of the form. Check this b	
8.	From the Statement of Yo Form 122A-1 Line 11; OR,	our Current Monthly In Form 122B Line 11; Ol	ncome: Copy your total current R, Form 122C-1 Line 14.	monthly income from Official	\$ 7,323.60
9.	Gopy the following special form Part 4 on Schedu		s from Part 4, line 6 of Sched	iule E/F: Total claim	
	9a. Domestic support oblig			s	_
:	9b. Taxes and certain othe	r debts you owe the go	vernment. (Copy line 6b.)	s	
	Sc. Claims for death or per	sonal injury while you v	were intoxicated. (Copy line 6c.	s	<u></u> .
	역 Student loans. (Copy li	ne 6f.)		s	
	9e. Obligations arising out priority claims. (Copy li	of a separation agreen ine 6g.)	nent or divorce that you did not	report as \$ \$\\ \psi\$	
	9f. Debts to pension or pro	ofit-sharing plans, and o	other sìmilar debts. (Copy line 6	6h.) + \$	
•	9g. Total. Add lines 9a thr	ough 9f.		sØ	

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 3 of 60

Debtor 1	Timothy	Scott	Fiene	
Debtor 1	First Name	Middle Name	Leat Neme	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Neme	
United States I	Bankruptcy Court for 19-40370	the: Eastern District of Texas		✓

Official Form 106A/B

Schedule A/B: Property

12/15

☐ Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

you own or have a	ny legal or equitable intere	st in any residence, building, land, or similar prop	erty?	
No, Go to Part 2.				
Yes. Where is the p	property?			
1.1. Street address, if available, or other description		What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured claims or exemptions. Por the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property	
Office address, if a	validate, of caller decomplier.	Condominium or cooperativeManufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		- 🗖 Land	\$	\$
City	State ZIP Code	□ Investment property □ Timeshare □ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.	,	,,
		Debtor 1 only		
County		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co	mmunity property
		Other information you wish to add about this it property identification number:		
	e than one, list here:	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule L ns Secured by Property
Street adoress, if a	available, or other description	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	
		☐ Land	\$	\$
City	State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other Who has an interest in the property? Check one.	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Debtor 1 only		

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Page 4 of 60 Document Fiene 19-40370 Timothy Scott Case number (if kno What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ■ Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the Condominium or cooperative portion you own? entire property? Manufactured or mobile home Investment property Describe the nature of your ownership Clty ZIP Code Timeshare Interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? include any vehicles Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No

you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

instructions)

instructions)

X	es				
3.1.	Make: Model:	JEEP Weanglee	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D Creditors Who Have Claims Secured by Property.	
ů.	Year: Approximate mileage:	<u>2012</u> 150,000	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	Other information:		☐ Check if this is community property (see	\$ 9,437.00	\$ 9,437.00

If you own or have more than one, describe here:

Make:	Who has an interest in the property? Check one.
Model:	Debtor 1 only
	Debtor 2 only
Year:	Debtor 1 and Debtor 2 only
Approximate mileage:	At least one of the debtors and another
Other information:	
	Chack if this is community property (coa

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?

3.2.

Deblor 1

Part 2:

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Mair Document Page 5 of 60

Document 19-40370 Scott Fiene Timothy Debtor 1 Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Current value of the Current value of the Year: Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage: At least one of the deblors and another Other information: Check if this is community property (see instructions) Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.1 Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Current value of the Current value of the Year: Debtor 1 and Debtor 2 only portion you own? entire property? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 6 of 60

Debtor 1

Timothy First Name

Document Fiene

Case number ((Fknown) 19-40370

Describe Your Personal and Household Items

Do you own or have any	legal or equitable interest in any of the following Items?	Current value of the portion you own? Do not deduct secured claims
		or exemptions.
6. Household goods an	d furnishings	
Examples: Major appli	ances, furniture, linens, china, kitchenware	
□ No		
Yes. Describe		\$ 1,000.00
	SOFA, KITCHENWARE, INENS, BED, TABLES	
7. Electronics		
collections	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games	
No		
🛚 Yes. Describe	TV District the Tolland	\$ 700.00
- 4 0 00 1	TV, PHONE, LAP TOP, PRINTER	
8. Collectibles of value		
	nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; n, or baseball card collections; other collections, memorabilia, collectibles	
Yes, Describe		\$ 2,000.00
	CARD COLLECTION (FAMILY)	\$
9. Equipment for sports	• • • • • • • • • • • • • • • • • • • •	-
	otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments	
☐ No		· -
Yes, Describe	GOLF OLUBS, FISHING EQUIPMENT, COMPOUND BOW	\$ <u>700. ∞</u>
10. Firearms	•	
DI No	es, shotguns, ammunition, and related equipment	
Yes. Describe	2 RIFles	\$ 600.00
11. Clothes		
□ No	lothes, furs, leather coats, designer wear, shoes, accessories	-
Yes. Describe	EVELY day clothes, SHOES	\$ 600.00
12. Jewelry		
•	ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
☐ No		
🔀 Yes. Describe	EVERYOR, TE. 25/P. PULL 1972	\$ 500.00
	EVERY day JEWE 1RY, RING, WATCH	
13. Non-farm animals	hirda harrasa	
Examples: Dogs, cats,	ulus, liuises	
□ No		15- 6
Yes, Describe	··· Po4	s150. ~
14. Any other personal a	nd household items you did not already list, including any health aids you did not list	and the state of t
⊠ No		
Yes. Give specific information,	{	\$
15. Add the dellar value	of all of your entries from Part 3, including any entries for pages you have attached	/ 25 40
	number here	\$ 6,250.00

Document

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Page 7 of 60

Debtor 1

Timothy First Name

Scott

Fiene

Case number (# known)_19-40370

		4	

Describe Your Financial Assets

Do you own or have any l	legal or equitable interest in a	ny of the follow	ring?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash	nave in your wallet, in your home	o in a safa dana	soit how and an hand when	you file your politice	
Examples: Mortey you r ☐ No	iave in your waller, in your norm	e, in a sale depo	isit box, and on hand wher	you me your pendon	
				Cash:	§ 350.ºº
	avings, or other financial accour milar institutions. If you have mu				
□ No	, , , , , , , , , , , , , , , , , , ,		,, ,		
Yes		Institution name:	:		
	17.1, Checking account:	WELK	FAROO		s 479.46
	17.2. Checking account:		FARGO		\$
	17.3. Savings account;	WElls	FARGO		\$ 1.00
	17.4. Savings account:		<i>J</i>		\$ \$
	17.5. Certificates of deposit:				\$
	17.6. Other financial account:				\$
	17.7. Other financial account:				\$
	17.8. Other financial account:				\$
	17.9. Other financial account:				\$
				/	
	or publicly traded stocks investment accounts with broke	rage firms, mon	ey market accounts		
☐ Yes	Institution or issuer name:				
					_ \$
		,			- \$ <u></u>
	-				- \$
19. Non-publicly traded si an LLC, partnership, a	tock and interests in incorpor	ated and uninc	orporated businesses, in	cluding an interest in	
☑ No ☐ Yes. Give specific	Name of entity:			% of ownership: 0%	C
information about them				0% %	\$ \$
				0%_%	\$

Case 19-40370 D

Doc 13

Filed 02/25/19 Document Entered 02/25/19 10:08:14 Page 8 of 60

Desc Main

Case number (if known) 19-40370 Fiene Debtor 1 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans M No ☐ Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Mo No ☐ Yes..... Institution name or Individual: Electric: Gas: Heating oil: Security deposit on rental unit: __ Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description:

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main

Document

Scott

Fiene

Timothy

Debtor 1

Page 9 of 60

Case number (if known) 19-40370

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). **☑** No ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☑ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements 🛛 No ☐ Yes. Give specific information about them. \$ 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses **⊠** No ☐ Yes, Give specific Information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you X No ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☑ No ☐ Yes. Give specific information.....

Case 19-40370 Doc 13 Filed 02/25/19 Entered

Document

Entered 02/25/19 10:08:14 Page 10 of 60 Desc Main

19-40370 Fiene Scott Timothy Debtor 1 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company Beneficiary: Surrender or refund value: Company name: of each policy and list its value... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. X No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue M No ☐ Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims Mo No ☐ Yes, Describe each claim....... 35. Any financial assets you did not already list No No ☐ Yes. Give specific information.... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned □ No Yes. Describe. 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices □ No Yes. Describe.

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 11 of 60

Document Fiene

Debtor 1	Timothy First Name	Scott Middle Name Last Nam	Fiene	Case number (# known) 19-40370	· · · · · · · · · · · · · · · · · · ·
	First (vante	Micure Name Last Walls	•		
40. Machine	ery, flxtures, e	quipment, supplies you us	se in business, and tools	s of your trade	
□ No	•				į
☐ Yes.	. Describe	·			\$
	ļ_				
41. Invento	ry				
☐ No	. Describe				
— 103.	. Dosonbe				
42, Interest	s in partnershi	ips or joint ventures			
☐ No			4		
☐ Yes	. Describe	Name of entity:		% of ownership:	
				%	\$
				% %	\$;
					Ψ
43. Custom	er lists, mailin	g lists, or other compilation	ons		
	. Do your lists	include personally identif	i able information (as def	fined in 11 U.S.C. § 101(41A))?	
	☐ No				
	Yes. Desc	ribe			\$
44. Any bus	siness-related	property you did not alrea	idy list		
☐ Yes	. Give specific				¢
info	rmation				\$
					\$
					\$
					\$
					\$
45. Add the	e dollar value o	of all of your entries from	Part 5. including any ent	ries for pages you have attached	s 15
				→	\$
awar us sa s			. The Committee Control	and the second s	
Part 6:	Describe A	nv Farm, and Commerc	ial Fishing.Related P	roperty You Own or Have an Interest I	: (m
		have an interest in farmla		roperty 102 own of 112ve an interest i	
46 Do you	own or have a	ny logal er aguitable inter	est in any form, or some	mercial fishing-related property?	
	Go to Part 7.	ny regal or equitable inter	est in any larin- of confi	nerciai nsning-related property :	
Yes.	. Go to line 47.				
					Current value of the portion you own?
					Do not deduct secured claims or exemptions.
47. Farm aı					от ехетирноть,
	es: Livestock, p	oultry, farm-raised fish			:
☐ No ☐ Yes					1
					· Ø
	l.				\$

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main

Document

Page 12 of 60

_{...} 19-40370 Timothy Fiene Scott Debtor 1 First Name 48. Crops-either growing or harvested ☐ No ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ■ No Yes, Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest In That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership X No Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$ 9,437.00 56. Part 2: Total vehicles, line 5 \$ 6,250.00 57. Part 3: Total personal and household items, line 15 830.46 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 Copy personal property total → +\$ 16,517.46 62. Total personal property. Add lines 56 through 61. 63, Total of all property on Schedule A/B. Add line 55 + line 62......

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 13 of 60

	formation to iden Timothy	Scott	Fiene	
Debtor 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, If filing)	First Name	Middle Name	Last Name	 -
United States E	Bankruptcy Court for	the:Eastern District of Texas		\Box
Case number	19-40370		_	<u>. </u>
(If known)			_	

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

t 1:	Identify	the	Property	You	Claim a	is Exempt
	,					

1.	Which set of exemptions are	you claiming?	Check one only, even if	your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

	on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption
Brief description:	Jeep	\$9,437.00	☑ \$ 9,437.00
_ine from Schedule A/B:	3.1		☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	Household	\$1,000.00	☑ \$ 1,000.00
ine from Schedule A/B:	6		100% of fair market value, up to any applicable statutory limit 11 U.S. Cade 522 (4)
Brief description:	Electronics	\$700.00	☑ \$ 700.00
ine from Schedule A/B:	7		100% of fair market value, up to any applicable statutory limit // U.S. Code 522 (4)

(Subject to adjustment on 4/01/19 and every 3 years after that for cases

Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustmen

☑ No

L	Yes.	Did y	ou aco	uire the	propert	y covered by	y the exem	ption within	1,215 da	ys before y	ou filed this c	ase?
---	------	-------	--------	----------	---------	--------------	------------	--------------	----------	-------------	-----------------	------

☐ No

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Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Case 19-40370 Desc Main

Debtor 1

Timothy First Name

Scott

Document Fiene

Page 14 of 60

Case number (if known) 19-40370

Additional Page

	on of the property and line /B that lists this property		nt value of the	Amoun	t of the exemption you claim	Specific laws that allow exemption
*			ne value from ule A/B	Check	only one box for each exemption	
Brief description;	Collectibles	\$	2,000.00	4 \$	2,000.00	
Line from Schedule A/B:	8				% of fair market value, up to applicable statutory limit	
Brief description:	<u>Hobbies</u>	\$	700.00	4 \$_	700.00	
Line from Schedule A/B:	9				% of fair market value, up to applicable statutory limit	11 U.S. Code 572 (4) (4
Brief description:	Firearms	\$	600.00	u \$_	600.00	
Line from Schedule A/B;	10				% of fair market value, up to applicable statutory limit	11 U.S. Code 522 (4)(A)
Brief description:	Clothes	\$	600.00	y \$	600.00	 -
Line from Schedule A/B:	<u>11</u>	-			% of fair market value, up to applicable statutory limit	11 U.S. Code 522 (4)(A)
Brief description:	Jewelry	\$	500.00	u \$_	500.00	
Line from Schedule A/B:	12				% of fair market value, up to applicable statutory limit	11 U.S. CODE 522 (4)(A)
Brief description:	Dog	\$	150.00	u \$_	150.00	
Line from Schedule A/B:	<u>13</u>				% of fair market value, up to applicable statutory limit	
Brief		Sa		□ \$		
description: Line from Schedule A/B:		*		100	% of fair market value, up to	
Brief		········				
description: Line from		Ψ		1 00	% of fair market value, up to	
Schedule A/B:				any	applicable statutory limit	
Brief description:		\$		□ \$		
Line from Schedule A/B:					% of fair market value, up to applicable statutory limit	
Brief description:		\$		□ \$		
Line from Schedule A/B:					% of fair market value, up to applicable statutory limit	
Brief description:		\$.		s		
Line from Schedule A/B:				1 00	% of fair market value, up to applicable statutory limit	
Brief		\$				
description: Line from Schedule A/B:		Ψ		100	% of fair market value, up to applicable statutory limit	
Jonodalo AID.					-	

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Page 15 of 60 Document

Fill in this in	formation to ide	ntify your case:		
Debtor 1	Timothy	Scott Middle Name	Fiene	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	
		r the: Eastern District of Texas		Ŧ
Case number	19-40370			
(If known)				

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

for each claim. If more than one creditor	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. whatefical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecure portion If any
Advancial	Describe the property that secures the claim:	\$ 18,862.00	\$ 18,862.00	\$
Creditor's Name 1845 Woodall Rodgers Fwy Number Street	2012 Jeep Wrangler		·	
STE 1300	As of the date you file, the claim is: Check all that apply.	-		
Dallas TX 76201 City State ZIP Code	Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check If this claim relates to a community debt	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number 7 6 2 4		in in the second se	alle milit e se l la del arios.
Creditor's Name	Describe the property that secures the claim:	\$]	\$	\$
Number Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated			
	_ 📻			
City State ZIP Code	☐ Disputed			
City State ZIP Code Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.	m e ^{ne}		
•	,			

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main

Page 16 of 60 Document Scott Fiene 19-40370 Timothy Case number (if kn Debtor 1 Column A Column B Column C **Additional Page** Amount of claim Value of collateral Unsecured Part 1: After listing any entries on this page, number them beginning with 2.3, followed that supports this portion Do not deduct the by 2.4, and so forth. claim value of collateral. if any Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. □ Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax llen, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code ■ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment llen from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number

B, 862.00

Write that number here:

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 17 of 60

Fill in this in	nformation to ide	ntify your case:		
Debtor 1	Timothy Scott		Fiene	
DOSIO, (First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Løst Neme	
United States	Bankruptcy Court for	r the: Eastern District of Texas		▼
Case number	19-40370			_
(If known)				

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1: List All of Your PRIORITY Unsecure	ed Claims			
1.	Do any creditors have priority unsecured claim:	s against you?			
1	No. Go to Part 2.				
	Yes.				
,	et al company and a company	editor has more than one priority unsecured claim, list the	o proditor gone	rotoly for ooo	h oloim Ear
	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c unsecured claims, fill out the Continuation Page of	a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's na Part 1. If more than one creditor holds a particular claim natructions for this form in the instruction booklet.)	at claim here a ame. If vou hav	nd show both e more than t	priority and wo priority
			Total claim	Priority amount	Nonpriority amount
2.1					
	Priority Creditor's Name	Last 4 digits of account number	\$	_ \$	\$
	Priority Greukoi s Name	18/han 4h			
	Number Street	When was the debt incurred?			
	1441MDM Off GGT				
		As of the date you file, the claim is: Check all that apply	<i>r</i> .		
	City State ZIP Code	Contingent			
	Who incurred the debt? Check one.	☐ Unliquidated			
Ì	Debtor 1 only	☐ Disputed			
	Debtor 2 only	Type of PRIORITY was a send alain.			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	At least one of the deblors and another	Domestic support obligations			
	_	Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were			
	is the claim subject to offset?	intoxicated			
	□ No	Other. Specify	-		
<u> </u>	Yes				
2.2		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name		Φ	_ Ф	_ Ψ
ĺ		When was the debt incurred?			
}	Number Street	As of the date you file, the claim is: Check all that apply			
			•		
	City State ZIP Code	Contingent			
Ì	•	Unliquidated			
ļ	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
1	Check if this claim is for a community debt	intoxicated			
	Is the claim subject to offset?	Other. Specify			
}	☐ No		•		
	☐ Yes				

 Case 19-40370
 Doc 13
 Filed 02/25/19
 Entered 02/25/19 10:08:14
 Desc Main

 Timothy
 Scott
 Document
 Page 18 of 60 Case number ((Fknown)) 19-40370
 19-40370

Timothy First Name

Debtor 1

er listing any entries on this page, number ther	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriorit amount
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply,			
	_			
City State ZIP Code	☐ Contingent☐ Unliquidated☐ □ Unliquidated☐ ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
Who incurred the debt? Check one.	Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only At least one of the debtors and another	Taxes and certain other debts you owe the government			
Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
	Other. Specify			
Is the claim subject to offset? No Yes				
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	-			-
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	Conlingent			
City State ZIP Code	☐ Unliquidated☐ Disputed			
Who Incurred the debt? Check one.	Ci Disputeti			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
is the claim subject to offset?	U Other. Specify			
□ No □ Yes				
ika mengada kepiga kepada dan dan dan dan dan dan dan dan dan	\		<u> </u>	
Priority Creditor's Name	Last 4 digits of account number	\$. \$. \$ <u>. </u>
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated Disputed			
Who Incurred the debt? Check one.	-			
☐ Debtor 1 only ☐ Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the deblors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were			
Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated Other. Specify			
is the claim subject to offset?				
□ No				
□ v _{os}				

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Timothy Scott Document Page 19 of 60 Case number (#known) 19-40370

Debtor 1

Timothy First Name

List All of Your NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority unsecured claims against you		
٠.			
	No. You have nothing to report in this part. Submit this form to the	e court with your other schedules.	
	🚨 Yes		
٠.			
4.	List all of your nonpriority unsecured claims in the alphabetical.	order of the creditor who holds each claim. If a creditor has	more than one
	nonpriority unsecured claim, list the creditor separately for each claim	 For each claim listed, identify what type of claim it is. Do not 	list claims already
	included in Part 1. If more than one creditor holds a particular claim, I	ist the other creditors in Part 3.If you have more than three no	npriority unsecured
	claims fill out the Continuation Page of Part 2.		
			in the second
	1		Totel claim
.1	1 1		
	AMERICAN HOWES 4 RENT Nonpriority Creditor's Name	Last 4 digits of account number	\$ 6,099.00
	Nonpriority Creditor's Name BO E CAMPBE Rd STE 460 Number Street KICHARDSON TX. 7508 City State ZIP Code	2/1/2.5	\$ 6,011
	BOLE CAMORELL RN STE 460	When was the debt incurred? $\frac{3/6/201}{5}$	
	Number Street		
	Province to 75 al		
	City State 70001	As of the date you file, the claim is: Check all that apply.	
	State ZIF Code		
		☑ Contingent	
	Who incurred the debt? Check one,	Unliquidated	
	Debtor 1 only	—	
		Disputed	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	_	
		Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
		that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	;
	🖄 No	M Other. Specify ROCK RENT	
	Yes	· · · · · · · · · · · · · · · · · · ·	
		1 5 10 10 0	
2	PROFFESIONI	1 / (//Apuce	s 360.50
_	Blue STONE TV - Touch STONE Nonpriority Creditor's Name	Last 4 digits of account number	3_ 00. 2
		When was the debt incurred? 1/29/20/8	
	5754 W 117# ST STE 100	• ,	
	Number Street		
	BREELY, Co. 80634	As of the date you file, the claim is: Check all that apply.	
	City Slate ZIP Code		
	City • State ZIP Code	🔼 Contingent	
	Who Incurred the debt? Check one.	☐ Unilquidated	
	,	☐ Disputed	
	Debtor 1 only	■ Disputed	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	·		
	Is the claim subject to offset?	Debts to pension or profil-sharing plans, and other similar debts	
	⊠ No	Other. Specify MEdical	
	☐ Yes		
			manny turny system promise programmy of the programmy manner.
3	CADIMI SUE BALLILLEA	Last 4 digits of account number $\frac{2}{2} \frac{1}{8} \frac{8}{9}$. = .
	CAPITAL DUE BANK USA Nonprior Creditor's Name		s 1,093.00
	•	When was the debt incurred? ///3/2015	
	Po Box 3028/	- / - /	
	SAH LAKE CITY LITAH 84130 City State ZIP Code	A #4	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		☑ Contingent	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	Unliquidated	
		☐ Disputed	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		
		Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	e*
	le the claim subject to affect?	that you did not report as priority claims	
	ls the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	☑ No	Other. Specify _ CREDIT CARD	
	☐ Yes	Sunoi. Specify Contain Carea	

 Case 19-40370
 Doc 13
 Filed 02/25/19
 Entered 02/25/19 10:08:14
 Desc Main

 Timothy
 Scott
 Document Flene
 Page 20 of 60 Case number (Flenown) 19-40370
 19-40370

Debtor 1

Timothy First Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this page, number them beginning with 4.4,	Tollowed by 4.3, and 80 forth.	Total claim
CASHINET USA Ionpriority Creditor's Name	Last 4 digits of account number 5 3 2 8	\$ 1,644
Ionpriority Creditor's Name 200 W. JACKSON tumber Street	When was the debt incurred? $\frac{1/3/2019}{}$	
	As of the date you file, the claim is: Check all that apply.	
CHICAGO /L 60606 Slate ZIP Code	☑ Contingent	
Western and the debt B. O	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	'
☑ Debtor 1 onły ☑ Debtor 2 only	Type of NONDRIGRITY upsequed claim:	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another	 Student loans Obligations arising out of a separation agreement or divorce that 	
_	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	M Other, Specify LOAN	
☑ Yes		
CELLIC BANK/CONTINENTAL FINANCIAL	Last 4 digits of account number 8 7 3 9	s 451.
CEHIC BANK CONTINENTAL FINANCIAL JODGICH GROWN LINDEN HILL RA Jumber Street	When was the debt incurred? $\frac{9/2/2018}{}$	
lumber Street	As of the date you file, the claim is: Check all that apply.	
lumber Street WI/MINGTON DE 19808 Stale 719 Corte		
State ZIP Gode	Contingent	
Who incurred the debt? Check one.	☐ Unllquidated☐ Disputed	
Debtor 1 only	- Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other, Specify	
No Yes	Other, Specify Gasari Cuca	
	Look A digita of account surely	\$ 79, α
DYCIL D'NEAL INC	Last 4 digits of account number	•
DYCIL D'NEAL INC John North Centreal Expression Jumber Street	When was the debt incurred?	
Dallas TX. 75806	As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	Contingent	
T5206 Who incurred the debt? Check one.	Unliquidated	
	☐ Disputed	
☑ Debtor 1 only ☑ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	Student loans	
Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
s the claim subject to offset?	□ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify UNSECUESO 2ND (EAN)	
≤ No	HOUSE FORECOSED	
	MOUSE TOWER INSERT	

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 21 of 60

otor 1 TIMOTHY SCOTT FIEUE Pirst Name Middle Name Last Neme	Case number (if lonown) 19 - 40370	<u> </u>
rt 2: Your NONPRIORITY Unsecured Claims — Continue	ation Page	
ter listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
EMONEY USA Holdings Nonpriority Creditor's Name 2310 W 75 ^{7%} ST STE 201 Number Street PRARIE VIIIAGE KS (66208 City State ZIP Code	Last 4 digits of account number	\$ 879.00
23/0 W 75 ^{7#} ST STE 20/	When was the debt incurred? $\frac{1/2I/IB}{2I}$	
Number Street PRABLE VILLAGE KS (0620B)	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	!
Who incurred the debt? Check one. Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	į
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	!
is the claim subject to offset? 설 No	M Other Specify Dayday LOAN	
Q Yes		
and the second	<u> </u>	
FIRST POGANICO BONIN	Last 4 digits of account number $\frac{49777}{}$	s 506.00
3820 N. LOUISE AVE.	When was the debt incurred? /2//7//6	
Number Street Stoux Falls SD 57/07 Clib. Stale 7/19 Code	As of the date you file, the claim is: Check all that apply.	
City Stale ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
☑ Debtor 1 only	C Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
is the claim subject to offset?	Other. Specify CREDIT CAND	
Ø No □ Yes	. , , , , , , , , , , , , , , , , , , ,	
en la companya de la companya del companya de la companya del companya de la companya del la companya de la com		s/,488.00
FRONTIER COMMUNICATIONS Nonpriority Creditor's Name	Last 4 digits of account number <u>多 子 子 ろ</u>	-7 ·
401 MERRIT 7	When was the debt incurred? 2/12/14	
Number Street L/OLWA/L C7 06851 City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	.&I Contingent ☐ Untiquidated	
Who incurred the debt? Check one,	☐ Disputed	
Debtor 1 only	·	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts.	,
is the claim subject to offset?	Other. Specify Conditions Unitry	COMMUNICA
® No □ Vac		

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 22 of 60

Debtor 1 T/M	OTHY SCOTT FIENE	Case number (if known) 19 - 40370	· · · · · · · · · · · · · · · · · · ·
Part 2: Your N	IONPRIORITY Unsecured Claims — Continuat	ion Page	
After listing any e	ntries on this page, number them beginning with 4.4	i, followed by 4.5, and so forth.	Total claim
Nonpriority Crestito	MOLTGAGE LLC	Last 4 digits of account number	1.00
_// <i>DD</i> \	IRAINIA DE	When was the debt incurred?	
Who incurred	rest PA 19034 State ZIP Code the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Check if the	y Y	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profil-sharing plans, and other similar debts Other. Specify Folso Mortagage	
Number S Number S SourH City Who incurred Debtor 1 or Debtor 1 or Debtor 1 or At least one	·	Last 4 digits of account number 4799. When was the debt incurred? ////////////////////////////////////	\$ 788.0°
Who incurred Mid Debtor 1 or Debtor 2 or Debtor 1 ar At least one	•	Last 4 digits of account number 3 / 4 / When was the debt incurred? 2//3//8 As of the date you file, the claim is: Check all that apply. Contingent UnlIquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	\$ 1,176.

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 23 of 60

Debtor 1 Fint DTMy Scott FIENE First Name Middle Name Last Name	Case number (# known) 19 - 40370	
Part 2: Your NONPRIORITY Unsecured Claims — Continuati	ion Page	
After listing any entries on this page, number them beginning with 4.4	4, followed by 4.5, and so forth.	Total claim
4.5 Midland Funding LLC	Last 4 digits of account number	\$ 565 €
2365 NORTHSIDE DR STE 300	When was the debt incurred? $\frac{10/21/16}{}$	
Nonpriority Creditur's Name 2365 NoeTH 3 Ide De STE 300 Number Street San Diego, CA 92108 City State ZIP Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT ONE BANK Co	/16CTI DAI
MUSIC	Last 4 digits of account number	s 600.00
360 E FM 3040 STE 820	When was the debt incurred?	
Number Street LEWISVILLE TX 75067	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
☑ Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Student loans	
☐ Check If this claim is for a community debt Is the claim subject to offset?	 □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other, Specify MUSIC INSTELLMENT 	
⊠ No □ Yes	Contracting the second	
H. 15 POWER FINANCE TEXAS Nonpriority Creditor's Name 1303 N. Collins Number Sireel	Last 4 digits of account number	\$ /, 8/4.
1303 N. Collins	When was the debt incurred? $\frac{2/7/20/7}{}$	
Number Street ARINGTON TK. 76011 City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
City Stale ZiP Code	Contingent Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	·	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check If this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
is the claim subject to offset?	Other. Specify Day day Lany	
전 %e 급 Yas	' / /	

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 24 of 60

Nor 1 TIMOTHY SCOTI FIENE First Name Middle Name Last Name	Case number (# known) 19 - 40340				
t 2: Your NONPRIORITY Unsecured Claims — Continue	ation Page				
ter listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.					
Nonpriority Creditor's Nagrie	Last 4 digits of account number $\frac{285}{100}$	982			
400 W UNIVERSITY DR	When was the debt incurred? $\frac{1/22/19}{1}$				
Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Payaay Other. Specify Payaay And Other. Specify Payaay And Other. Specify Payaay And Other. Specify Payaay Other. Specify Debts to payaay Other. Specify Payaay Other. Specify Debts to payaay Other. Specify Payaay Other. Specify Payaay Other. Specify Payaay Other. Specify Debts to payaay Other. Specify Other. Specify Debts to payaay Other. Specify Other				
17 Supre Pool Service Nonpriority Creditor's Name 699 And DE Boy Fd. Number Street	Last 4 digits of account number When was the debt incurred?	s <u> 380.</u>			
Number Street SANGER, TX 76266	As of the date you file, the claim is: Check all that apply.				
City State ZIP Code	☐ Contingent☐ Unliquidated				
Who incurred the debt? Check one. Debtor 1 only	☐ Disputed				
Debtor 2 only	Type of NONPRIORITY unsecured claim:				
Debtor 1 and Debtor 2 only	☐ Student loans				
At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that 				
Check if this claim is for a community debt	you did not report as priority claims				
is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify Other. Specify				
Yes		\$ 1,20			
TEXAS ACCEPTANCE CORPARATION Nonpriority Creditor's Name 4DI Ceowley Rd Number Street	Last 4 digits of account number	₩ <u>. 1./</u>			
401 Ceowley Rd Number Street	When was the debt incurred? As of the date you file, the claim is: Check all that apply.				
ARLINGTON TX 76102 CITY State ZIP Code					
City State ZIP Code	Contingent				
Who incurred the debt? Check one,	☐ Unliquidated☐ Disputed				
Debtor 1 only	■ Disputed				
Debtor 2 only	Type of NONPRIORITY unsecured claim:				
Debtor 1 and Debtor 2 only	<u></u>				
At least one of the deblors and another	 Student loans Obligations arising out of a separation agreement or divorce that 				
	you did not report as priority claims				
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts				
is the claim subject to offset?	Other. Specify Pay day 10 MM				
₹ **	/ / /				
T Van					

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 25 of 60

tor 1 TIMOTHU SCOTT FIEWE	Case number (# Anown) 19 - 40370	·
rt 2: Your NONPRIORITY Unsecured Claims — Continua	tion Page	
er listing any entries on this page, number them beginning with 4	.4, followed by 4.5, and so forth.	Total claim
19 TEXAS HEALTH PREBYTERIAN Flower Nonpriority Creditor's Name PO BCX 677300	Last 4 digits of account number	\$ 500 es
Do 8-1 10773-0	When was the debt incurred?	
Alk.a. Olmani	As of the date you file, the claim is: Check all that apply.	
DA/145 72. 75267		
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unilquidated ☐ Disputed	
Debtor 1 only	Ca Disputed	
Debter 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	you did not report as priority claims	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	M Other, Specify MEdical	
☑ No		
Yes		
	and the second of the second o	eer virus – ei streter
7.9		
TRANSIDORA SUSTEMS	Last 4 digits of account number	\$
Nonpriority Creditor's Name	101) Alic della legge 100	
PO BOX 15520	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
WILMINATON DE 19850		
City State ZIP Code	Contingent	
and the delated of the delates	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Deblor 1 only	Time of MONDBIODITY ungood read claim?	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☑ Student foans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Debts to pension or pront-sharing plans, and other shrinks debts Other. Specify	
s the claim subject to offset?	Other. Specify	
Morio □Yes		
□ 198		- 252.02.05000000
		\$
	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
Mumber Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
188 Secured the debit Check on-	Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only		
Debtor 1 and Debtor 2 only	Student loans	
At least one of the deblors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
is the claim subject to offset?	Other, Specify	
<u>-</u>	- Outer, Specify	
La state one of the state of t		
Tes		

Case 19-40370 Doc 13

Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 26 of 60 Case number (# known) 19-40370

Debtor 1

Timothy First Name

Scott

Part 3:

List Others to Be Notified About a Debt That You Already Listed

			On which entry in Part 1 or Part 2 did you list the original creditor?
Vame		-	on whom only in rail for rail 2 did you list all original distance:
)		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured Clair
			Last 4 digits of account number
City	State	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):
Number	Street		☐ Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
Dity	State	ZIP Code	On which actual is Port 4 on Port 2 did you list the actual and the C
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
City	State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
Number	Street		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
	THE TOTAL THE STATE OF THE STAT	ingur. Verster	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
Hallio			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
		·	Claims
City	State	ZIP Code	Last 4 digits of account number
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		☐ Part 2: Creditors with Nonpriority Unsecured
			Claims

Case 19-40370

Doc 13

Filed 02/25/19

Entered 02/25/19 10:08:14

Deblor 1

First Name

Document

Page 27 of 60

Total claim

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159, Add the amounts for each type of unsecured claim.

Total claims	6a. Domestic support obligations	6a.	\$	
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	Ø
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	Ø
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+	Ø
	6e. Total. Add lines 6a through 6d.	6e.		
	oe. Total. Add lilles on tillough od.	ue.	æ	Ø

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- 6f.

Total claim

- 6g.
- 6h.

- 6j.

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 28 of 60

Fill in this information to identify your case:				
Debtor	Timothy First Name	Scott Middle Name	Fiene	
Debtor 2 (Spouse If filing)		Middle Name	Last Name	
United States I	Bankruptcy Court fo	r the: Eastern District of Texas		$\overline{\mathbf{Y}}$
Case number (If known)	19-40370		-	_

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

City	USAN FI			数据编码 医皮肤 医克勒氏性皮肤 医乳腺 医乳腺 医多性皮肤 医二氏虫虫
LE 10 City		ENE		HOUSE RENTAL
LE 10 City	Valellar			
LE 10 City	Street	<u> 19E </u>		
City	USVIIIE	TX	75077	
]		State	ZIP Code	
2.2	—• <u></u>	 . <u></u> .	en e e e en en en e n en en el colore	e n men me na la m enta della man ata della successione di la constanta della manata della constanta della co
Name		-		
Number	Street			
City	· · · · · · · · · · · · · · · · · · ·	State	ZIP Code	
2.3 Name				
140.110				
Number	Street		···	
City		State	ZIP Code	
2.4		<u> </u>	- 21 000	
Name		<u> </u>		
Number	Street	, , , , , , , , , , , , , , , , , , , 		
City		State	ZIP Code	
2.5	•			
Name				
Number	Street			
City		State	ZIP Code	

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 29 of 60

Fill in this in	formation to iden	tify your case:		
Debtor 1	Timothy First Name	Scott Middle Name	Fiene	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for t	he: Eastern District of Texas		lacksquare
Case number (if known)	19-40370		_	

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

	Do you have any codebtors? (If you are filing a joint case, do not list either spouse Mai No D Yes	e as a codebtor.)
2.	Within the last 8 years, have you lived in a community property state or territo Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Wa	ry? (Community property states and territories include ashinglon, and Wisconsin.)
	No. Go to line 3.	
	🖄 Yes. Did your spouse, former spouse, or legal equivalent live with you at the tim	e?
	□ No	
	Yes. In which community state or territory did you live?	Fill in the name and current address of that person.
	KEIIIE FIEWE Name of your spouse, former spouse, or legal equivalent	_
	3319 PEAICNIEW DR. Number Street	
	•	ļ
	CORINTH TX 76210	<u> </u>
	n Column 1, list all of your codebtors. Do not include your spouse as a codeb	
	Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Sche Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1		Schedule D, line
	Name	☐ Schedule E/F, line
	Number Street	□ Schedule G, line
		Scriedule 6, line
	City State ZIP Code	
3.2		D •••••
	Name	Schedule D, line
	Number Street	Schedule E/F, line
	Number Street	Schedule G, line
	City State ZIP Code	
3.3		
	Name	Schedule D, line
		☐ Schedule E/F, line
	Number Street	Schedule G, line
	City State ZIP Code	
	City State ZIP Code	

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 30 of 60

Fill in this information to identify	your case:			
To a settled	Saure	Erre		
Debtor 1 7/10744	Sco 77 Middie Name	F/ENE Last Name		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:	Eastern District of Texas	┰		
Case number 19 - 40370		—	Check if th	uie ie:
(If known)		-		ended filing
				lement showing postpetition chapter 13
065 1 1 7 4001			income	as of the following date:
Official Form 106I			MM / DI	D/ YYYY
Schedule I: You	ır Income			12/15
supplying correct information. If ye	ou are married and not fi ise is not filing with you top of any additional pa	iling jointly, and your : , do not include inform	spouse is living with ye nation about your spou	r 2), both are equally responsible for ou, include information about your spouse. use. If more space is needed, attach a nown). Answer every question.
Fill in your employment information.		Debtor 1		Debtor 2 or non-filling spouse
If you have more than one job,				
attach a separate page with information about additional	Employment status	Employed		☐ Employed
employers.		■ Not employed		☐ Not employed
Include part-time, seasonal, or self-employed work.		0		
Occupation may include student	Occupation	CONSTRUCTIO	N PROJECT MANAG. EVELOPMENT	
or homemaker, if it applies.		1	MANAG	FEC.
	Employer's name	LANGCOLE I	XEVELOPMENT	<u>·</u>
	Employer's address	7520 Tus	ر المار	
		2570 Just Number Street		Number Street
		STE. 206		-
		HIGHLAND	Village	
		7	X. 75077	
		City S	tate ZIP Code	City State ZIP Code
	How long employed th	ere? <u>2 month</u>	5	
Part 2: Give Details About	Monthly Income			
spouse unless you are separated	•		-	ite \$0 In the space. Include your non-filing
If you or your non-filing spouse had below. If you need more space, a	ave more than one employ ttach a separate sheet to	yer, combine the informathis form.	ation for all employers fo	or that person on the lines
			For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sal deductions). If not paid monthly,			\$ 6,250 <u>,0</u> 0	\$
3. Estimate and list monthly over	rtime pay.	3	s. +\$ <u>Ø</u>	+ \$
Calculate gross income. Add li	ne 2 + line 3.	4	\$ 6,250,00	\$
			<u> </u>	

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 31 of 60

Debtor 1

TIMOTH	1 Scott	FIENE	
First Name /	Middle Name	Last Name	

Case number (# known) 19 - 40370

S. Lat all payroll deductions: 5. Lat, Medicare, and Social Security deductions 5. Mandatory contributions for retirement plans 5. Mandatory contributions for retirement fund loans 5. Mandatory contributions 5. Mandatory contributions for retirement fund loans 5. Mandatory contributions 5. Mandatory contributions 5. Mandatory contributions for retirement fund loans 5. Mandatory contributions 5. Mandatory contributions for retirement fund loans 5. Mandatory contributions 5. Ma			For Debtor 1	For Debtor 2 or non-filing spouse	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Nequired repayments of retirement fund leans 5c. Insurance 5e. S.	Copy line 4 here	→ 4.	\$ 6,250.00	\$	
55. Mandatory contributions for retirement plans 55. Mandatory contributions for retirement plans 56. Voluntary contributions for retirement plans 56. S	5. List all payroli deductions:				
50. Mandatory contributions for retirement plans 50. Voluntary contributions for retirement plans 50. Voluntary contributions for retirement plans 50. Sol. Required repayments of retirement fund loans 50. Required repayments of retirement fund loans 50. Sol. Sol. Sol. Sol. Sol. Sol. Sol. Sol	5a. Tax, Medicare, and Social Security deductions	5a.	\$ 1.137.76	\$	
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Set \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	· · · · · · · · · · · · · · · · · · ·		\$ Ø	\$	
5d. Required rapayments of retirement fund loans 5e. Insurance 5e. S.	•		s Ø	\$ \$	
56. Insurance 57. Domestic support obligations 58. Union dues 59. Union dues 59. Union dues 59. Union dues 59. S.	· · · · · · · · · · · · · · · · · · ·		\$ <i>Ø</i>	\$	
59. Union dues 59. Union due			*	Ψ <u></u>	
5g. Union dues 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$\frac{1}{37}\frac{76}{9}\frac{5}{5}\frac{7}{12}\frac{76}{9}\frac{5}{5}\frac{7}{12}\frac{76}{9}\frac{5}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{5}\frac{7}{12}\frac{7}{24}\frac{7}{5}\frac{7}{			·	Ψ	
Sh. Other deductions. Specify: 5h. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$\frac{1}{37}\$, \$\frac{76}{5}\$\$ 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$\frac{5}{3}\$, \$\frac{1}{37}\$, \$\frac{76}{5}\$\$ 8. Net income regularly received: 8a. Net income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly not income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and properly settlement. 8d. Unemployment compensation 8d. \$\frac{1}{3}\$ \$\frac{1}{			· 	Ψ <u> </u>	
8. Add the payroli deductions. Add lines \$a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$\(\frac{1}{37}, \frac{7}{16} \) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	•	_	·	Φ <u>.</u>	
8. List all other income regularly received: 8a. Not income from rental property and from operating a business, profession, or farm Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly not income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent required ty receive include alimony, spousal support, child support, maintenance, divorce cottlement, and property settlement. 8c. Social Security 8. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions from an unmarried partner, members of your household, your dependents, your roommetes, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommetes, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommetes, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your	5h. Other deductions. Specify:	5h.	¥	+ \$	
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net mome. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add line 8 ha + 8b + 8d	6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	. 6.	,	\$	
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Social Security 8d. Social Security 8e. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 5,112.24	\$	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8. List all other income regularly received:				
receipts, ordinary and necessary business expenses, and the total monthly not income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unamployment compensation 8d. S. Social Security 8e. S. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. +\$	profession, or farm				
8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce sottlement, and property settlement. 8c. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	receipts, ordinary and necessary business expenses, and the total	9a	\$ Ø	\$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and properly settlement. 8d. Unemployment compensation 8e. Social Security 8e. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			• 10	\$	
8c. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8c. Family support payments that you, a non-filing spouse, or a depend		<u> </u>	* -	
8e. Social Security 8e. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		8c.	\$ <i>Ø</i>	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrificon Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$ \$ \$ 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. \$ \$ \$ \$ \$ \$ \$ \$ \$ 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?	8d. Unemployment compensation	8d.	\$Ø	\$	
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8e. Social Security	8e.	\$	\$	
8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$\frac{1}{3}\$ \$\frac{1}{3	Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		* #	S	
8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income			• 0	C	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$\frac{5}{1/2}.^{24}\$ + \$\frac{1}{2}\$ = \$\frac{1}{2}\$. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 12. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 13. Do you expect an increase or decrease within the year after you file this form?	,		· 	+¢	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$\frac{3}{7}/\frac{7}{2}. \] + \$\frac{1}{2}. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. + \$\frac{\beta}{2}\$ Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?			\$ \$	\$	
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. + \$		10,	\$ 5,//2.24 +	\$	= \$
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. + \$	11. State all other regular contributions to the expenses that you list in Sche	dule J			
Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?	Include contributions from an unmarried partner, members of your household,			mates, and other	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. So you expect an increase or decrease within the year after you file this form?		not av	vailable to pay expense		.
Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?		7		_	
13. Do you expect an increase or decrease within the year after you file this form? No.				,	S J, //Z · E
		form?	•		monthly income
	•			•	

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 32 of 60

Fill in this	information to identify	your case:	·			
Debtor 1	TIMOTH	Scott	FIENE	<u> </u>	a	
Debtor 2	First Name	Middle Neme	Lasi Name	Check if		
(Spouse, if filling	g) First Name	Middle Name	Lael Name	_	nended filing plement showing post	notition about 12
United State	s Bankruptcy Court for the:	EASTERN District	of <u>TEXAS</u>		nses as of the following	
Case numbe (If known)	or <u>19 - 403</u>	70		MM /	DD / YYYY	
Official	Form 106J	_	-			
Sche	dule J: Yo	ur Expen	ses			12/15
information.		ded, attach another s n.		ng together, both are equally a. On the top of any additiona		
1. Is this a jo	oint case?			•		
_	io to line 2. loes Debtor 2 live in a	separate household	?			
	⊒ No		•			
		ile Official Form 106J	2, Expenses for S	eparate Household of Debtor 2	2.	
2. Do you ha	ave dependents?	□ No		Daniel de la		
Do not list Debtor 2.	Debtor 1 and	Yes. Fill out the each depende	is information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not sta names.	te the dependents'			DAUGHTER		No ☐ Yes
				·	<u> </u>	□ No
						☐ Yes
						☐ No ☐ Yes
						□ No
					_	☐ Yes
						□ No
expenses	xpenses include of people other than and your dependents?	⊠ No □ Yes				☐ Yes
Part 2:	stimate Your Ongo	ing Monthly Expe	nses			
expenses as applicable d include expe	of a date after the ba	nkruptcy is filed. If t n-cash government	his is a supplement			n and fill in the
4. The renta				first mortgage payments and		100.00
	luded in line 4:					
4a. Rea	l estate taxes				4a. \$	Ø
4b. Prop	perty, homeowner's, or	renter's insurance			4b. \$	Ø
4c. Hon	ne maintenance, repair,	and upkeep expense	s		4c. \$	Ø
4d. Hon	neowner's association o	r condominium dues			4d. \$	ø

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 33 of 60

Debtor 1 TIMOTHY Scott FIENE Case number (if known) 19 - 40370

			You	expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	Ø
	Utilities:			
υ.	6a. Electricity, heat, natural gas	6a.	\$	380.00
	6b. Water, sewer, garbage collection	6b.	\$	125.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	135.00
	6d. Other. Specify: CABIE / INTERNET	6d.	\$ \$	150.00
7.	Food and housekeeping supplies	7.	\$	600.00
8.	Childcare and children's education costs	8.	\$	Ø
9.	Clothing, laundry, and dry cleaning	9.	\$	20.00
	Personal care products and services	10.	\$	50.00
11.	Medical and dental expenses	11.	\$	Ø
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12,	\$	450.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	¢	400.00
14.		14.	Ψ \$	Ø.
15,	Insurance.	1-15	Ψ	
	Do not include insurance deducted from your pay or included in lines 4 or 20.	`		
	15a. Life insurance	15a.	\$	570.00
	15b. Health insurance	15b,	\$	528.00
	15c. Vehicle insurance	15c,	\$	187.∞
	15d. Other insurance. Specify:	15d.	\$	
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	<i>Ø</i>
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	548.00
	17b. Car payments for Vehicle 2	17b.	\$	Ø
	17c. Other. Specify:	17c.	\$	Ø
	17d. Other. Specify:	17d.	\$	ø
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	ø
19.	Other payments you make to support others who do not live with you.		₩	
-	Specify: DAUGHTER.	19.	\$	800.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.		
	20a. Mortgages on other property	20a.	\$	Ø
	20b. Real estate taxes	20b.	\$	Ø
	20c. Property, homeowner's, or renter's insurance	20¢.	\$	<i>Q</i>
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	ø
	20e. Homeowner's association or condominium dues	20e.	\$	Ø

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Page 34 of 60 Document 19-40370 Debtor 1 Case number (if known)_ SHORT THEM CANS Other. Specify: _ Calculate your monthly expenses. 22. 22a. Add lines 4 through 21. 22a. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 23. Calculate your monthly net income, Copy line 12 (your combined monthly income) from Schedule I. 23a. 23b. Copy your monthly expenses from line 22c above. 23b. 23c. Subtract your monthly expenses from your monthly income. \$-1,960,76 The result is your monthly net income. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? Ĭ No. Yes. Explain here:

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 35 of 60

		L	ocument	Page 35 of 60	•
Fill in this i	nformation to ident	ify your case;			
Debtor 1	Timothy	Scott	Fiene		
	First Name	Middle Name	Last Name		
ebtor 2 spouse, if filing) First Name	Middle Name	Last Name		
nited States	Bankruptcy Court for the	ne: Eastern District of Te	xas	₹	
ase number	19-40370				_
known)					☐ Check if this is ar amended filing
٠				·	amondou mang
fficial	Form 107				
tatem	ent of Fin	ancial Affair	s for Indiv	iduals Filing for Bar	nkruptev 04/1
Marr Not r	married	il status? e you lived anywhere o	other than where y	ou live now?	, , ,
⊠ No □ Vos	List all of the places	you lived in the last 3 ye	ore. De not include		
	btor 1:		Dates Debtor 1		Dates Debtor 2 lived there
				☐ Same as Debtor 1	☐ Same as Debtor
N.			From		From
Nu	mber Street		То	Number Street	То
_					
Cit		Otala ZID Codo		011	
·	y	Stale ZIP Code	=====	City State 2	ZIP Code
				Same as Debtor 1	☐ Same as Debtor
- N-	Bt t		From		From
Nu	mber Street		To	Number Street	
					
<u></u>		011 315 0 1			
Cit	у	State ZIP Code		City State	ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

X Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 36 of 60

ebtor 1	Timothy First Name Middle Name	Scott Lesi N	Fiene	Case nu	mber (if known) 19-40370	
	you have any income from				r or the two previous cale	ndar years?
	u are filing a joint case and		-	= -		
□ N	No Yes. Fill in the details,					
			Debts#1	estro executive	Deletari 2 × .	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of currer the date you filed for bar		Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
		ikruptey:	Operating a business		Operating a business	
	For last calendar year:		Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
	(January 1 to December 3	1,)	Operating a business	·	Operating a business	·
	For the calendar year be	fore that:	Wages, commissions, bonuses, tips		☐ Wages, commissions, bonuses, tips	·
	(January 1 to December 3	1,)	Operating a business	\$	Operating a business	\$
	•	YYYY				
. Did y Inclu unen	you receive any other inc de income regardless of w nployment, and other publi	come during the whether that income ic benefit paym	ome is taxable. Examples ents; pensions; rental inc	of other income are alinome; interest; dividends;	nony; child support; Social S money collected from laws	uits; royalties; and
i. Did y Inclu unen gami	you receive any other inc de income regardless of w nployment, and other publi	come during the hether that incide to benefit payments of you are filing	ome is taxable. Examples ents; pensions; rental ind a joint case and you hav	s of other income are alino ome; interest; dividends; e income that you recelv	money collected from laws ed together, list it only once	uits; royalties; and
i. Did y Inclu unen gami List e	you receive any other income regardless of want of the publication of the publication of the gross each source and the gross	come during the hether that incide to benefit payments of you are filing	ome is taxable. Examples ents; pensions; rental ind a joint case and you hav	s of other income are alino ome; interest; dividends; e income that you recelv	money collected from laws ed together, list it only once	uits; royalties; and
i. Did y Inclu unen gami List e	you receive any other inc ide income regardless of w inployment, and other publi bling and lottery winnings. each source and the gross	come during the hether that incide to benefit payments of you are filing	ome is taxable. Examples ents; pensions; rental ind a joint case and you hav	s of other income are alino ome; interest; dividends; e income that you recelv	money collected from laws ed together, list it only once	uits; royalties; and
Did y Inclu unen gami List e	you receive any other inc ide income regardless of w inployment, and other publi bling and lottery winnings. each source and the gross	come during the hether that incide to benefit payments of you are filing	ome is taxable. Examples ents; pensions; rental ind a joint case and you hav	s of other income are alino ome; interest; dividends; e income that you recelv	money collected from laws ed together, list it only once t you listed in line 4.	uits; royalties; and under Debtor 1. Gross income from each source
Did y Inclu unen gami List e	you receive any other incide income regardless of with income regardless of with income regardless of with incident incidence and other publication of the gross with incident incidence and the gross with incident incide	come during the sheether that incoince benefit paym If you are filling income from e	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Describe below.	s of other income are alinome; interest; dividends; e income that you receive o not include income that Gross Income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once t you listed in line 4. Page 2 Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and
Did y Inclu unen gami List e	you receive any other income regardless of water income regardless of water publications and other publications and lottery winnings. Beach source and the gross No Yes. Fill in the details.	come during the sheether that incoince benefit paym If you are filling income from e	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Describe below.	Gross Income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once t you listed in line 4. Page 2 Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and
Did y Inclu unen gami List e	you receive any other incide income regardless of with income regardless of with income regardless of with incident incidence and other publication of the gross with incident incidence and the gross with incident incide	come during the sheether that incoince benefit paym If you are filling income from e	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Describe below.	Gross Income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once t you listed in line 4. Page 2 Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and
Did y Inclu unen gami List e	you receive any other incide income regardless of with income regardless of with income regardless of with incident incidence and other publication of the gross with incident incidence and the gross with incident incide	come during the sheether that incoince benefit paym If you are filling income from e	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Describe below.	Gross Income from each source (before deductions) \$\	money collected from laws ed together, list it only once t you listed in line 4. Descrit 2 Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and exclusions) \$
Did y Inclu unen gami List e	you receive any other incide income regardless of with income regardless of with income regardless of with incide income regardless of with incident inciden	come during the thether that incoince benefit paym. If you are filing income from each the thether that year until nkruptcy:	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Describe below.	Gross Income from each source (before deductions) \$\	money collected from laws ed together, list it only once t you listed in line 4. Descript 2. Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and exclusions) \$
Did y Inclu unen gami List e	you receive any other incode income regardless of with income regardless of with income regardless of with income regardless of with income and other publications and lottery winnings. The each source and the gross with income and the gross with income and the gross with income and the details. From January 1 of current the date you filed for bath income and i	come during the thether that incide benefit paym If you are filing income from each the thether that year until nkruptcy:	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Describe below.	Gross Income from each source (before deductions) \$\	money collected from laws ed together, list it only once t you listed in line 4. Descrit 2 Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and exclusions) \$
Including gami	you receive any other incode income regardless of with a publication of the publication of the publication of the publication of the gross of the publication of the gross of the publication of the gross of the publication	ent year until nkruptcy:	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Describe below.	Gross Income from each source (before deductions) \$	money collected from laws ed together, list it only once t you listed in line 4. Descrit 2 Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and exclusions) \$
5. Did y Inclu unen gami List e	you receive any other incode income regardless of water incode income regardless of water publication of the probability of the gross should be a surce and the gross of the company of the date you filed for bater in the da	ent year until nkruptcy:	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. Describe below.	Gross Income from each source (before deductions) \$	money collected from laws ed together, list it only once t you listed in line 4. Control Section Section 1.	uits; royalties; and under Debtor 1. Gross income from each source (before deductions and exclusions) \$

Case 19-40370	Doc 13	Filed 02/25/19	Entered 02/25/19 10:08:14	Desc Mair
		Document	Page 37 of 60	

Fiene

Case number (if known) 19-40370

art 3: List Certain Payments You Made Bo	efore You Filed for Bankruptcy							
Are either Debtor 1's or Debtor 2's debts primari	ily consumer debts?							
☐ No. Neither Debtor 1 nor Debtor 2 has prima "incurred by an individual primarily for a pe	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."							
During the 90 days before you filed for bar	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?							
☐ No. Go to line 7.								
total amount you paid that credito	you paid a total of \$6,425* or more in one or more payments and the or. Do not include payments for domestic support obligations, such as do not include payments to an attorney for this bankruptcy case.							
	ery 3 years after that for cases filed on or after the date of adjustment.							
Yes. Debtor 1 or Debtor 2 or both have prima	arily consumer debts.							
	nkruptcy, did you pay any creditor a total of \$600 or more?							
☐ No. Go to line 7.								
creditor. Do not include payments	you paid a total of \$600 or more and the total amount you paid that s for domestic support obligations, such as child support and ments to an attorney for this bankruptcy case.							
	Dates of Total amount paid Amount you atlil owe payment	Was this payment for						
1		e de la Carlo de la companya de la c						
Creditor's Name		☐ Mortgage						
1600 Province AV	11/18/18 \$ 1,644.00 \$ 18,862.00 12/18/18	🔼 Car						
Number Street		Credit card						
	1/18/19	Loan repayment						
Dallas TX. 752c		Suppliers or vendor						
City State ZIP Con	de	☐ Other						
	s/18 248.75 \$ 746.25 \$ 669.95							
EMONEY ISA II/IS Creditor's Name	s/18 248.45 \$ 746.25 \$ 669.95	☐ Mortgage						
EMONEYUSA 11/13 Creditor's Name 2310 W. 75 ⁷⁴ 12/15/ Number Street	/10 2010-95	Car						
Number Street	<u> </u>	Credit card						
STE 201 2/8/1	9 248.75	Loan repayment						
•		Suppliers or vendors						
PRAIRIE VILLAGE KS City State ZIP Con	de	Olher						
POWER FINANCE US	SA 11/15/18 \$ 1,593.54 \$ #340.00	☐ Mortgage						
	1.810.00	☐ Mortgage						
1303 N. Collins	12/15/18	☐ Car ☐ Credit card						
Namber Bucci		_						
STE 417	<u> 1/15/19</u>	Loan repayment						
		Suppliers or vendors						
ARLINGTON TR 7601. City State ZIP Coo	<u>/</u>	Other						

Timothy First Name

Debtor 1

Scott

Timone as \$19740\$ | Filed 02/25/19 Entered 02/25/19 10:08:140 Desc Main Document Page 38 of 60

Speedy CASH HOO W UNIVERSITY DE DENTON, TR. 76201

TOTAL AMOUNT PAID

AMOUNT 5711 owed 982. 59

FORM 107

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 39 of 60

Debtor 1

1	Timothy First Name	Scott	Lasi Neme	Fiene	· ·	Case number (if known)	19-40370
				·····		····	
rpo en ch	ers include your rorations of which t, including one for as child support	relatives; any geno you are an officer or a business you	eral partners; r , director, pers	relatives of any g son in control, or	eneral partners; pa owner of 20% or n	artnerships of whic nore of their voting	who was an insider? h you are a general partner; securities; and any managing domestic support obligations,
N N		ents to an insider.					
ΙY	сэ. шэс ан рауни	erns to all insider.		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	fnsider's Name	·			\$	\$	
	Number Street		<u> </u>				
-	City	State	ZIP Code		••••••••••••••••••••••••••••••••••••••	s	
	Insider's Name	<u>.</u>		<u> </u>	·	Ψ	
	Number Street						
	City	Slale	ZIP Code				
in du	i sider? de payments on o	you filed for ban debts guaranteed ents that benefited	or cosigned by		ayments or transi	er any property o	n account of a debt that benefited
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
	Insider's Name				\$	\$	
	Number Street	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
				- 			
	City	- State	ZIP Code				
	Insider's Name				\$	\$	
	Number Sireet						
	City	State	ZIP Code	-			

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Mair Document Page 40 of 60

Timothy Scott Fiene 19-40370 Debtor 1 Case number (if know Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details. Nature of the case Court or agency 211TH JUDICIAL DISTRICT Case title DYCK - O'NEAL, INC On appeal ☐ Concluded Number Street DENTON CO. Pending Case title Court Name On appeal Concluded Number Street Case number State ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. City State ZIP Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Street Explain what happened Property was repossessed. Property was foreclosed.

City

State

Property was garnished.

Property was attached, seized, or levied.

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 41 of 60

	Timothy	4.01.4.2			Fiene	Case n	umber (# known) 1	0 10010		
	First Name	Middle Name	L	est Name						
With	in 90 days befo	ore you file	d for bank	ruptcy, did any	creditor, inclu	ding a bank or fina	ıncial institutio	on, set off any	amounts fro	m your
acco	ounts or refuse	to make a	payment b	ecause you ow	ved a debt?			•		•
<u> </u>										
U \	es. FIII in the de	etails.								
				Describe th	he action the cred	ditor took		Date action	Amount	
-	5		-	_				was taken		
	Creditor's Name						1			
<u> </u>	Number Street			}					\$	
	vallibor October									
-				_			<u>~</u>			
_				· · · · · · · · · · · · · · · · · · ·				i		
C	City	Stat	e ZIP Code	Last 4 digit	ts of account nur	ımber: XXXX				
Nith	in 1 year befor	e you filed	for bankru	ıptcy, was any (of your propert	ty in the possessio	n of an assign	ee for the ben	efit of	
		ppointed re	eceiver, a	custodian, or a	nother official?	?				
M v										
U 1	res									
rt 5:	List Certai	in Giffe ar	nd Contri	hutione						
	7101 00112		ia contin	Dations						
12	No /es. Fill in the de Gifts with a total	etails for eac	ch gift.			with a total value of	f more than \$6	Dates you gave		
12	No Yes. Fill in the de	etails for eac	ch gift.				f more than \$6		i ten	
Maria National Nation	No Yes. Fill in the de Gifts with a total per person	etails for eac	ch gift.					Dates you gave	i ten	
Maria National Nation	No /es. Fill in the de Gifts with a total	etails for eac	ch gift.					Dates you gave	i ten	
	No Yes. Fill in the de Gifts with a total per person	etails for eac	ch gift.					Dates you gave	i ten	
	No Yes. Fill in the de Gifts with a total per person	etails for eac	ch gift.					Dates you gave	i ten	
23 N	No Yes. Fill in the de Gifts with a total per person	etails for eac	ch gift.					Dates you gave	i ten	
	No Yes. Fill in the de Gifts with a total per person Person to Whom You Tumber Street	etails for eac	ch gift. re than \$600	Describe th				Dates you gave	i ten	
	No Yes. Fill in the de Gifts with a total per person erson to Whom You	etails for eac	ch gift.	Describe th				Dates you gave	i ten	
M M M M M M M M M M M M M M M M M M M	No Yes. Fill in the de Gifts with a total per person Person to Whom You Tumber Street	value of mod	ch gift. re than \$600	Describe th				Dates you gave	i ten	
M N N N N N N N N N N N N N N N N N N N	No Yes. Fill in the de Gifts with a total per person Person to Whom You lumber Street	value of mod	ch gift. re than \$600	Describe th				Dates you gave	i ten	
M N N N N N N N N N N N N N N N N N N N	No Yes. Fill in the de Gifts with a total per person Person to Whom You Lumber Street Sity Person's relationsh Gifts with a total v	State	ch gift.	Describe th	ne gifts			Dates you gave the gifts	\$\$	
M N N N N N N N N N N N N N N N N N N N	Yes. Fill in the de Gifts with a total per person Person to Whom You Tumber Street Sity Person's relationsh	State	ch gift.	Describe th	ne gifts			Dates you gave the gifts	\$\$	
M	No Yes. Fill in the de Gifts with a total per person Person to Whom You Lumber Street Sity Person's relationsh Gifts with a total v	State	ch gift.	Describe th	ne gifts			Dates you gave the gifts	\$\$	
図 / / · · · · · · · · · · · · · · · · ·	No Yes. Fill in the de Gifts with a total per person Person to Whom You Lumber Street Sity Person's relationsh Gifts with a total v	Gave the Gift State	ch gift.	Describe th	ne gifts			Dates you gave the gifts	\$\$	
⊠	No Yes. Fill in the de Gifts with a total per person Verson to Whom You Sumber Street Verson's relationsh Sifts with a total ver person	Gave the Gift State	ch gift.	Describe th	ne gifts			Dates you gave the gifts	\$\$	
図 / / · · · · · · · · · · · · · · · · ·	No Yes. Fill in the de Gifts with a total per person Verson to Whom You Sumber Street Verson's relationsh Sifts with a total ver person	Gave the Gift State	ch gift.	Describe th	ne gifts			Dates you gave the gifts	\$\$	
図 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	No Yes. Fill in the de Gifts with a total per person Verson to Whom You Sumber Street Verson's relationsh Sifts with a total ver person	Gave the Gift State	ch gift.	Describe th	ne gifts			Dates you gave the gifts	\$\$	
	No Yes. Fill in the de Gifts with a total per person Verson to Whom You Sumber Street Verson's relationsh Sifts with a total ver person	Gave the Gift State	ch gift.	Describe th	ne gifts			Dates you gave the gifts	\$\$	
	Ces. Fill in the description of	Gave the Gift State	ch gift.	Describe th	ne gifts			Dates you gave the gifts	\$\$	
	Ces. Fill in the description of	value of modes Gave the Gift State State Gave the Gift	ch gift.	Describe th	ne gifts			Dates you gave the gifts	\$\$	

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 42 of 60

	Timothy First Name	Scott Middie Name La	Fiene st Neme	Case number (# known) 19-40370	
	FISCHOINS	INDUIG (18110	DI (AGIIIG		
			7		
With	iin 2 years befoi	re you filed for bankru	aptcy, did you give any gifts or o	contributions with a total value of more than \$60	00 to any charity?
X	_				
ш.	Yes. Fill in the de	etails for each gift or cor	ntribution.		
	Gifts or contribut	tions to charities	Describe what you contributed	Date you	Value
	that total more th	nan \$600		contributed	
					• •
	01 71 1		_		\$
,	Charity's Name				
	<u> </u>	<u> </u>	- }		\$
i	Number Street		-		
	City State	ZIP Code	-		
	,				
rt 6	List Certa	ain Losses			
			and the second second		
	Describe the pro how the loss occ	perty you lost and surred	claims on line 33 of Schedule A/E	e has pald. List pending insurance 3: Property.	Value of property lost
	Describe the pro how the loss occ	perty you lost and surred	Describe any insurance covera	e has pald. List pending insurance 3: Property.	
	Describe the pro how the loss occ	perty you lost and curred	Describe any insurance covera Include the amount that insurance claims on line 33 of Schedule A/E	e has pald. List pending insurance 3: Property.	
	Describe the pro how the loss occ	perty you lost and surred	Describe any insurance covera Include the amount that insurance claims on line 33 of Schedule A/E	e has pald. List pending insurance 3: Property.	
17	how the loss occ	surred	Describe any insurance covera Include the amount that insurance claims on line 33 of Schedule A/t	e has pald. List pending insurance 3: Property.	
	how the loss occ	n Payments or Tra	Describe any insurance covera Include the amount that insurance claims on line 33 of Schedule A/t	e has pald. List pending insurance	\$
With	List Certainin 1 year before	in Payments or Trai	Describe any insurance covera Include the amount that insurance claims on line 33 of Schedule A/t nsfers otcy, did you or anyone else act	e has pald. List pending insurance is Property.	\$
With you	List Certainin 1 year before consulted about	in Payments or Trai e you filed for bankrup it seeking bankruptcy	Describe any insurance covera Include the amount that insurance claims on line 33 of Schedule A/t nsfers otcy, did you or anyone else act or preparing a bankruptcy peti	e has pald. List pending insurance is Property.	\$
With you Inclu	List Certainin 1 year before consulted about the any attorneys	in Payments or Trai e you filed for bankrup it seeking bankruptcy	Describe any insurance covera Include the amount that insurance claims on line 33 of Schedule A/t nsfers otcy, did you or anyone else act or preparing a bankruptcy peti	e has pald. List pending insurance is Property. ing on your behalf pay or transfer any property tion?	\$
With you Inclu	List Certainin 1 year before consulted about the any attorneys	in Payments or Trai e you filed for bankrup it seeking bankruptcy s, bankruptcy petition p	Describe any insurance covera Include the amount that insurance claims on line 33 of Schedule A/t nsfers otcy, did you or anyone else act or preparing a bankruptcy peti reparers, or credit counseling age	e has pald. List pending insurance is Property. ing on your behalf pay or transfer any property tion?	\$
With you Inclu	List Certainin 1 year before consulted about the any attorneys	in Payments or Trai e you filed for bankrup it seeking bankruptcy s, bankruptcy petition p	Include the amount that insurance covera include the amount that insurance claims on line 33 of Schedule A/t i	ing on your behalf pay or transfer any property tion? ncies for services required in your bankruptcy.	\$to anyone
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you Inclu	List Certainin 1 year before consulted about the any attorneys. No Yes. Fill in the de	in Payments or Traile you filed for bankruptcy s, bankruptcy petition potails.	Include the amount that insurance claims on line 33 of Schedule A/t nsfers otcy, did you or anyone else act or preparing a bankruptcy peti reparers, or credit counseling age	ing on your behalf pay or transfer any property tion? ncies for services required in your bankruptcy. Date payment or transfer was	\$to anyone

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 43 of 60

	First Name Middle Name Last N					
	THE TRAINS (MICHIEF PARTY)	lame		mber (if known) 1		
	i	Description and value of ar	ny property transferred		Date payment or	Amount of
					transfer was made	payment
P	erson Who Was Paid					
						\$
N	lumber Street					
						\$ <u></u>
_						
C	State ZIP Code					
Ē	mail or website address	•				
-	Who blade the Country of the Country	ĺ				
P	erson Who Made the Payment, if Not You					
No Ye	es. Fill in the details.					
		Description and value of an	y property transferred		Date payment or transfer was	Amount of pay
=					made	
P	Person Who Was Paid					
N	lumber Street	}				\$
N	lumber Street					\$
N -	lumber Street				- -	\$ \$
- c ithin	City State ZIP Code 2 years before you filed for bankrup	tcy, did you sell, trade, or	otherwise transfer a	ny property t	o anyone, other th	\$ \$ an property
ithin ansfe clude o not No	State ZIP Code 1 2 years before you filed for bankrup 1 erred in the ordinary course of your to 2 both outright transfers and transfers managers 3 tinclude gifts and transfers that you hav	ousiness or financial affair nade as security (such as the re already listed on this state	s? e granting of a security			•
thin insfe dude not No	State ZIP Code 2 years before you filed for bankrup erred in the ordinary course of your to e both outright transfers and transfers m t include gifts and transfers that you have	ousiness or financial affair nade as security (such as the	e granting of a security ement. operty Describe or debts	y interest or m e any property paid in exchai	ortgage on your pro	operty).
- G ithin insfe clude not No Ye	State ZIP Code 2 years before you filed for bankrup erred in the ordinary course of your to e both outright transfers and transfers m t include gifts and transfers that you have	ousiness or financial affair nade as security (such as the re already listed on this state Description and value of pr	e granting of a security ement. operty Describe or debts	y interest or m	ortgage on your pro	operty). Date transf
ू ति elude not No Ye	State ZIP Code n 2 years before you filed for bankrupt erred in the ordinary course of your to e both outright transfers and transfers m t include gifts and transfers that you hav bes. Fill in the details.	ousiness or financial affair nade as security (such as the re already listed on this state Description and value of pr	e granting of a security ement. operty Describe or debts	y interest or m e any property paid in exchai	ortgage on your pro	operty). Date transf
thin insfel elude not No Ye	State ZIP Code n 2 years before you filed for bankrup erred in the ordinary course of your to e both outright transfers and transfers m t include gifts and transfers that you hav s. Fill in the details.	ousiness or financial affair nade as security (such as the re already listed on this state Description and value of pr	e granting of a security ement. operty Describe or debts	y interest or m e any property paid in exchai	ortgage on your pro	operty). Date transf
thin insfel elude not No Ye	State ZIP Code n 2 years before you filed for bankrupt erred in the ordinary course of your to e both outright transfers and transfers m t include gifts and transfers that you hav bes. Fill in the details.	ousiness or financial affair nade as security (such as the re already listed on this state Description and value of pr	e granting of a security ement. operty Describe or debts	y interest or m e any property paid in exchai	ortgage on your pro	operty). Date transf
त dithin ansfelude o not No Ye	State ZIP Code n 2 years before you filed for bankrup erred in the ordinary course of your to e both outright transfers and transfers m t include gifts and transfers that you hav be. Fill in the details. erson Who Received Transfer	ousiness or financial affair nade as security (such as the re already listed on this state Description and value of pr	e granting of a security ement. operty Describe or debts	y interest or m e any property paid in exchai	ortgage on your pro	operty). Date transf
্ট ithin ansf elude o not No Ye	State ZIP Code 1 2 years before you filed for bankrup Perred in the ordinary course of your to the both outright transfers and transfers m t include gifts and transfers that you hav the search with the details. 1 In the details. 1 In the details with the det	ousiness or financial affair nade as security (such as the re already listed on this state Description and value of pr	e granting of a security ement. operty Describe or debts	y interest or m e any property paid in exchai	ortgage on your pro	operty). Date transf
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Cithinnansficlude Onothinnansficlude Onothinnansfic	State ZIP Code 1 2 years before you filed for bankrup Perred in the ordinary course of your to the both outright transfers and transfers m t include gifts and transfers that you hav the search with the details. 1 In the details. 1 In the details with the det	ousiness or financial affair nade as security (such as the re already listed on this state Description and value of pr	e granting of a security ement. operty Describe or debts	y interest or m e any property paid in exchai	ortgage on your pro	operty). Date transf
Fe Pe	State ZIP Code 12 years before you filed for bankrup ierred in the ordinary course of your to the both outright transfers and transfers must include gifts and transfers that you have the both outright transfers and transfers must include gifts and transfers that you have the second transfer the second transfer the street The state ZIP Code the second transfer	ousiness or financial affair nade as security (such as the re already listed on this state Description and value of pr	e granting of a security ement. operty Describe or debts	y interest or m e any property paid in exchai	ortgage on your pro	operty).
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Fe Pe	State ZIP Code 12 years before you filed for bankrup ierred in the ordinary course of your to the both outright transfers and transfers must include gifts and transfers that you have the both outright transfers and transfers must include gifts and transfers that you have the second transfer the second transfer the street The state ZIP Code the second transfer	ousiness or financial affair nade as security (such as the re already listed on this state Description and value of pr	e granting of a security ement. operty Describe or debts	y interest or m e any property paid in exchai	ortgage on your pro	operty). 1 Date transfe

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 44 of 60

	Timothy First Name Milds	Scott He Name Last	Fiene Name	Case number (#known) 19-4	0370
			iptcy, dld you transfer any proper sset-protection devices.)	ty to a self-settled trust or sim	ilar device of which you
	No Yes. Fill in the details.				
			Description and value of the prope	rty transferred	Date transfer was made
4	Name of trust		-		
rt 8:	List Certain Fin	ancial Account	s, instruments, Safe Deposit		
cios Inclu brok M	nin 1 year before you ed, sold, moved, or ude checking, saving terage houses, pens	i filed for bankrupt transferred? gs, money market, ion funds, cooper	or other financial accounts; certiatives, associations, and other fin	or instruments held in your nar	ne, or for your benefit,
 \	es. Fill in the detail	s.	en e generation		en de la companya de La companya de la co
			Last 4 digits of account number	instrument close	account was Last balance befor d, sold, moved, closing or transfer nsferred
	Name of Financial Institut	don	xxxx	Checking	
	Number Street			Savings	
	Number Street			Money market	
	Number Street	State ZIP Code		-	** ***********************************
			XXXX	☐ Money market ☐ Brokerage ☐ Other ☐ Checking	**************************************
	City		XXXX	☐ Money market ☐ Brokerage ☐ Other	\$
	City Name of Financial Institut		XXXX	☐ Money market ☐ Brokerage ☐ Other ☐ Checking ☐ Savings	**************************************
	City Name of Financial Institut Number Street	lon	XXXX	Money market Brokerage Other Checking Savings Money market	* ************************************
Doy seçu	City Name of Financial Institut Number Street City rou now have, or did irities, cash, or othe	State ZIP Code I you have within 1 r valuables?	XXXX	☐ Money market ☐ Brokerage ☐ Other ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other	\$ther depository for
Do y secu	Name of Financial Institut Number Street City ou now have, or did irities, cash, or othe	State ZIP Code I you have within 1 r valuables?	<u> </u>	☐ Money market ☐ Brokerage ☐ Other ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other	
Doy seçu May O	City Name of Financial Institut Number Street City rou now have, or did irities, cash, or othe	State ZIP Code I you have within 1 r valuables?	year before you filed for bankrup Who else had access to it?		s Do you still

Debtor 1

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 45 of 60

	Timothy First Name	Middle Name	Scott Last	Fien	e	Ca	se number (if known) 19-4037	70	
ave :		perty in a sto	rage unit d	or place other tha	n your home	within 1 yea	r before you filed for bar	kruptcy?	
_	es. Fill in the de	etails.							
_ ^				Who else has or	had access to i	1 ?	Describe the contents		Do you sti
									have it?
	Name of Storage Fa	cility		Name					□ No □ Yes
	Number Street		-	Number Street			-		
				CityState ZIP Code			-		
	City	State	ZIP Code						
					·				
rt 9:	Identify	Property Yo	ou Hold o	or Control for S	omeone Els	<u> </u>			_
_	ou hold or cont old in trust for s		erty that s	omeone else own	s? Include ar	y property y	ou borrowed from, are	storing for,	
M K		iomeone.							
□ Y	es. Fill in the d	etails.							
				Where is the prop	erty?	jąda jas	Describe the property		Value
									\$
	Owner's Name								,
	Owner's Name			Number Street					
				Number Street			-		
	Number Street	State	ZIP Code	Number Street	State	ZIP Code			
 10	Number Street		ZIP Code	City		ZIP Code			
	Number Street City Give Det	talis About	Environn	city nental Informat		ZIP Code			
the	Number Street City Give Det	t alis About t 10, the follo	Environa wing defir	city nental Informations apply:	tion				
r the <i>Envi</i> haza	City City City Description City	talis About t 10, the follo means any fe substances,	Environa owing defirederal, state wastes, or	nental Informations apply: te, or local statuter material into the	e or regulation	n concerninç I, surface wa	j pollution, contaminatic iter, groundwater, or oth		
the <i>Envi</i> haza inclu	City City Give Definer of Parel Commental law lardous or toxic adding statutes of the commental law lardous or toxic adding statutes of the commental law lardous or toxic adding statutes of the commental law lardous or toxic adding statutes of the commental law lardous or toxic adding statutes of the commental law lardous or toxic adding statutes of the commental law lardous or toxic adding statutes of the commental law lardous or toxic adding statutes of the commental law law law law law law law law law l	talis About t 10, the follo means any fe substances, or regulations	Environa owing defir ederal, stat wastes, or s controlling	nental Informat nitions apply: te, or local statute r material into the ng the cleanup of	or regulation air, land, soil these substa	n concerning I, surface wa nces, waste	iter, groundwater, or oth	er medium,	
the Envi. haza inclu Site utiliz	City City City Define Defin	talis About t 10, the follo means any fe substances, or regulations ation, facility, own, operate	Environa ewing defir ederal, stat wastes, or s controlling or proper	nental Informations apply: te, or local statute r material into the ng the cleanup of ty as defined und it, including disp	e or regulation air, land, soil these substa ler any enviro osal sites.	n concerning I, surface wa nces, waste nmental law	iter, groundwater, or oth s, or material. r, whether you now own,	er medium, operate, or	
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Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 46 of 60

lor 1	Timothy	Scott	Fiene	Case number (if known) 19-40370	
	First Name Mid	ldle Name Las	st Name		
lave	a vou notified any a	overnmental unit d	of any release of hazardous mate	orial?	
		Overmientai unit t			
	No Yes. Fill in the detai	le .			
	res. Fill III tile detal	15.	Governmental unit	Environmental law, If you know It	Date of notice
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	N			_	
	Name of site		Governmental unit		!
	Number Street		Number Street		
			-		
			City State ZIP Code		
	City	State ZIP Code	_		
av	e you been a party i	n any judicial or a	dministrative proceeding under a	any environmental law? Include settlements and	orders.
3	No				
]	Yes. Fill in the detai	ls.			
			Court or agency	Nature of the case	Status of the case
	Case title		•		
	Case title		Court Name		Pending
			_		On appeal
			Number Street	· ·	Concluded
	Case number		_		i
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	Business Name		_	EIN:	
	Number Street		Name of accountant or bookkee	per Dates business existed	
			_	From To	_
	City	State ZIP Code	Describe the nature of the busin	ess Employer Identification numbe	
	Business Name		-	Do not include Social Security	•
				- Fire	
	Number Street		- [EIN:	
			Name of accountant or bookkee	per Dates business existed	
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Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 47 of 60

	Timothy		Scott	Fiene	<u></u>	Case number	(if known) 19-40370
	First Name	Middle Name	Last)	Vame			
-1	was -					 	
					ure of the business		Employer Identification number Do not include Social Security number or ITIN
	Business Name	· <u>-</u>					
							EIN:
	Number Street			Name of account	ant or bookkeeper		Dates business existed
	City	State	ZIP Code				From To
	City	State	ZIP CODE				
v			The state of the s				
/lth	In 2 years before	re you filed	for bankrup	tcy, did you give a	a financial stateme	ent to anyone at	oout your business? Include all financial
	tutions, credito			, , g,,,,		in to anyone at	out you business: molude an imalicial
4 1	lo						
	es. Fill in the d	letails below	<i>i</i> .				
				Date issued			
	Name			MM / DD / YYYY			
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	Number Street						
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	City	State	ZIP Code				
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ha ans n c	ve read the ans wers are true a	swers on thi and correct. a bankrupt	I understan cy case can	d that making a fa	lse statement, co to \$250,000, or in	ncealing propert	ty, or obtaining money or property by frau
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I ha ans in c 18 I	ove read the answers are true a connection with U.S.C. §§ 152, 1 Signature of Debut Date 2/22/you attach add No Yes	swers on thi and correct. a a bankrupt (341, 1519, a stor1	I understancy case can and 3571.	d that making a fa	Ise statement, conto \$250,000, or in Signature of Debtor Oate	ncealing proper prisonment for 2 ividuals Filing f	ty, or obtaining money or property by frau up to 20 years, or both. for Bankruptcy (Official Form 107)?

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 48 of 60

Fill in this information to identify your case:	Check one box only as directed in this form and in
Debtor 1 TIMOTHY SCOTI FIENE	Form 122A-1Supp:
First Name Last Name	☐ 1. There is no presumption of abuse.
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	2. The calculation to determine if a presumption of
United States Bankruptcy Court for the: <u>EASTELN</u> District of <u>TEXAS</u>	abuse applies will be made under <i>Chapter 7</i> Means Test Calculation (Official Form 122A–2).
Case number	3. The Means Test does not apply now because of qualified military service but it could apply later.
	☐ Check if this is an amended filing
Official Form 122A–1	
Chapter 7 Statement of Your Current Mont	thly Income 12/15
Be as complete and accurate as possible. If two married people are filing together, bo space is needed, attach a separate sheet to this form. Include the line number to whice additional pages, write your name and case number (if known). If you believe that you do not have primarily consumer debts or because of qualifying military service, compabuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income	ch the additional information applies. On the top of any are exempted from a presumption of abuse because you
What is your marital and filing status? Check one only.	
Not married. Fill out Column A, lines 2-11.	
Married and your spouse is filing with you. Fill out both Columns A and B, lines	2-11.
Married and your spouse is NOT filing with you. You and your spouse are:	
Living in the same household and are not legally separated. Fill out both (·
Living separately or are legally separated. Fill out Column A, lines 2-11; do under penalty of perjury that you and your spouse are legally separated under spouse are living apart for reasons that do not include evading the Means Tes	r nonbankruptcy law that applies or that you and your
Fill In the average monthly income that you received from all sources, derived dubankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September August 31. If the amount of your monthly income varied during the 6 months, add the in Fill in the result. Do not include any income amount more than once. For example, if but income from that property in one column only. If you have nothing to report for any line	15, the 6-month period would be March 1 through ncome for all 6 months and divide the total by 6. oth spouses own the same rental property, put the
	Column A Column B Debtor 1 Debtor 2 or non-filling spouse
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 7,523,60 \$
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ Ø
Net income from operating a business, profession, Debtor 1 Debtor 2	
Gross receipts (before all deductions) \$\$	
Ordinary and necessary operating expenses - \$ \$	
Net monthly income from a business, profession, or farm \$\$_here	°°
6. Net income from rental and other real property Debtor 1 Debtor 2 Gross receipts (before all deductions) \$\$	
Ordinary and necessary operating expenses - \$ \$	
Net monthly income from rental or other real property \$\$ Anterest dividends and revelting	
7. Interest, dividends, and royalties	\$ <u></u>

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 49 of 60

Debto	1 TIMOTHY SCOTT FIENE First Name Middle Name Last Name		Case number (# known)	19-40370
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. L	nemployment compensation		s 1073 (s	\$
	Oo not enter the amount if you contend that the amount of the social Security Act. Instead, list it here:		Ø	Ψ
	For you	\$ Ø		
	For your spouse	\$ ø		
	Pension or retirement income. Do not include any amo enefit under the Social Security Act.	ount received that was a	\$ &	\$
l a	ncome from all other sources not listed above. Spec Do not include any benefits received under the Social Se is a victim of a war crime, a crime against humanity, or i errorism. If necessary, list other sources on a separate p	ecurity Act or payments receivintemational or domestic	red .	
			\$ <u>Ø</u>	\$
			\$_ <i>ø</i>	\$
	Total amounts from separate pages, if any.		+\$ 7,323.60	+ \$
	Calculate your total current monthly income. Add line column. Then add the total for Column A to the total for C		\$ 7,325,60	\$
Par	Determine Whether the Means Test App	iles to You		monthly meeting
12.0	alculate your current monthly income for the year. F	Follow these steps:		
	2a. Copy your total current monthly income from line 1	11.,	Cop	oy line 11 here → \$ 7, 323. 60
	Multiply by 12 (the number of months in a year).			x 12
<i>)</i> .	2b. The result is your annual income for this part of the	e form.		12b. \$ 87,883,2
13. (Calculate the median family income that applies to yo	ou. Follow these steps;		
ı	Fill in the state in which you live.	TEXAS		
ı	ill in the number of people in your household.	1		
-	fill in the median family income for your state and size or o find a list of applicable median income amounts, go on structions for this form. This list may also be available a	nline using the link specified i	n the separate	13. \$ <u>86,462.</u>
14. I	low do the lines compare?			
1	4a. Line 12b is less than or equal to line 13. On the Go to Part 3.	top of page 1, check box 1, 7	here is no presumption	of abuse.
•	4b. Line 12b is more than line 13. On the top of pag Go to Part 3 and fill out Form 122A-2.	e 1, check box 2, The presun	nption of abuse is deter	mined by Form 122A-2.
Par	3: Sign Below			
	By signing here, I declare under penalty of perjur	n, that the information on this	statement and in any of	
	by signing here, reactate under periatry of perjui	y that the information on this	statement and in any at	ttacriments is true and correct.
	× (1/2	×		
	Signature of Debter 1		Signature of Debtor 2	
	Date 62/22/20/9 MM / DD / YYYY	ī	Date MM / DD / YYYY	-
	If you checked line 14a, do NOT fill out or file	Form 122A_2		
	If you checked line 14b, fill out Form 122A-2			
	if you officered fine 170, the out i offit 122/1-2	and more was the follow,		

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 50 of 60

Fill in this in	nformation to ide	entify your case:		
Debtor 1	Timothy First Name	Scott Middle Name	Fiene	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	
		r the: Eastern District of Texas		
Case number (If known)	19-40370			
(ii kilowit)				

Official Form 122A-1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with Chapter 7 Statement of Your Current Monthly exempted from a presumption of abuse. Be as complete and accurate as possible exclusions in this statement applies to only one of you, the other person should required by 11 U.S.C. § 707(b)(2)(C).	e. If two married people are filing together, and any of the						
Part 1: Identify the Kind of Debts You Have							
 Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S personal, family, or household purpose." Make sure that your answer is consistent w Individuals Filing for Bankruptcy (Official Form 101). 							
No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, There is submit this supplement with the signed Form 122A-1.	s no presumption of abuse, and sign Part 3. Then						
Yes. Go to Part 2.							
Part 2: Determine Whether Military Service Provisions Apply to You							
2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?							
☑ No. Go to line 3.							
Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).							
☐ No. Go to line 3.							
Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1. Then submit this supplement with the signed Form 122A-1.	, There is no presumption of abuse, and sign Part 3.						
3. Are you or have you been a Reservist or member of the National Guard?							
No. Complete Form 122A-1. Do not submit this supplement.							
Yes. Were you called to active duty or did you perform a homeland defense active	/ity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).						
No. Complete Form 122A-1. Do not submit this supplement.							
Yes. Check any one of the following categories that applies:							
☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.	If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1,						
I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case.	check box 3, The Means Test does not apply now, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The						
I am performing a homeland defense activity for at least 90 days.	exclusion period means the time you are on active duty						
☐ I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days before I file this bankruptcy case.	or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii). If your exclusion period ends before your case is closed, you may have to file an amended form later.						

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 51 of 60

Fill in this in	formation to identify	your case:		
Debtor 1	Timothy First Name	Scott Middle Name	Fiene Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States I Case number (If known)		Y		
(II KIIOWN)				

Check the appropriate box as directed in lines 40 or 42:
According to the calculations required by this Statement:
1. There is no presumption of abuse.
2. There is a presumption of abuse.
☐ Check if this is an amended filing

Official Form 122A-2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part ²	1: Determine Your Adjusted Income		
1. Co _l	opy your total current monthly incomeCopy line 11 from	Official Form 122A-1 here →	\$ 7.323 60
2. Did	id you fill out Column B In Part 1 of Form 122A–1?		7,323.60
A	No. Fill in \$0 for the total on line 3.		
	Yes. Is your spouse filing with you?		
	☐ No. Go to line 3.		
	Yes. Fill in \$0 for the total on line 3.		
	djust your current monthly income by subtracting any part of your spouse's income not ousehold expenses of you or your dependents. Follow these steps:	used to pay for the	
	on line 11, Column B of Form 122A–1, was any amount of the income you reported for your sponderly used for the household expenses of you or your dependents?	ruse NOT	
Þ	No. Fill in 0 for the total on line 3,		
	Yes. Fill in the information below:		
	State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents Fill in the amount y are subtracting froi your spouse's income was used.	ou n	
		_	
	<u> </u>	_	
	+ <u>\$</u>	_	
	• Total\$	Copy total here	-\$ <u>\$</u>
4. Adj	djust your current monthly income. Subtract the total on line 3 from line 1.		\$ 7,323.60

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main

Document

Page 52 of 60

Debtor 1

Fiene

Case number (# known) 19-40370

Part 2:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using:the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,202,00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older-because older people have a higher IRS allowance for health care costs, If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person

7b. Number of people who are under 65

x 2

7c. Subtotal. Multiply line 7a by line 7b.

10400

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person

Number of people who are 65 or older

Subtotal. Multiply line 7d by line 7e.

Total. Add lines 7c and 7f.....

Copy total here

\$<u>/0</u>4.00

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 53 of 60 Document Fiene

Scott

Debtor 1

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Case number (if known) 19-40370

Local Standards You must use the IRS Local Standards to a	answer the questions in line	s 8-15.	
Based on Information from the IRS, the U.S. Trustee Program bankruptcy purposes into two parts:	has divided the IRS Loca	l Standard for housing for	•
■ Housing and utilities – Insurance and operating expenses			
■ Housing and utilities – Mortgage or rent expenses			
To answer the questions in lines 8-9, use the U.S. Trustee Pro	gram chart.		
To find the chart, go online using the link specified in the separate	instructions for this form.	•	
This chart may also be available at the bankruptcy clerk's office.	· · · · · · · · · · · · · · · · · · ·		
Housing and utilities – Insurance and operating expenses: dollar amount listed for your county for insurance and operating	Using the number of peopl	le you entered in line 5, fill in	n the \$ <u>2,083.</u> ≌
9. Housing and utilities – Mortgage or rent expenses:			
9a. Using the number of people you entered in line 5, fill in the for your county for mortgage or rent expenses		\$	
9b. Total average monthly payment for all mortgages and other	r debts secured by your hor	ne.	
To calculate the total average monthly payment, add all am contractually due to each secured creditor in the 60 months bankruptcy. Then divide by 60.			
Name of the creditor	Average monthly payment		
	\$		
	· · · · · · · · · · · · · · · · · · ·		• 4
<u></u>	+ \$		
Total average monthly payment	1 4 1	opy ere→ -\$	Repeat this amount on line 33a.
9c. Net mortgage or rent expense.			_
 Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line rent expense). If this amount is less than \$0, enter \$0 		\$	Copy \$
 10. If you claim that the U.S. Trustee Program's division of the the calculation of your monthly expenses, fill in any addition in a part of the calculation of your monthly expenses, fill in any addition in a part of the calculation of your monthly expenses, fill in any addition in a part of the calculation of your monthly expenses. 11. Local transportation expenses: Check the number of vehicles of the calculation of your monthly expenses, fill in any addition in any addi	onal amount you claim.		<u> </u>
Vehicle operation expense: Using the IRS Local Standards a operating expenses, fill in the Operating Costs that apply for you			\$ <u>252,°°</u>

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Fiene Page 54 of 60

Debtor	1	

Timothy First Name

Scott

Case number (Fknown) 19-40370

onthly payment foude costs for lease e the average monat are contractual ed for bankruptcy. If each creditor for the cost of	nthly payment here ly due to each secu . Then divide by 60. Vehicle 1 e monthly payment ase expense a. If this amount is I	and on liured credit Aver payr \$ + \$_ \$_ less than	e 1. ne 13e, add all tor in the 60 more monthly nent 548.	Copy	- \$ <u>- 548</u> .°	Repeat this amount on line 33b. Copy net Vehicle 1 expense here	¢ %
onthly payment foude costs for lease e the average monat are contractual ed for bankruptcy. If each creditor for the cost of	er all debts secured ed vehicles. Inthly payment here ly due to each secu. Then divide by 60. Vehicle 1 e monthly payment ase expense a. If this amount is I	and on liured credit Aver payr \$ + \$_ \$_ less than	e 1. ne 13e, add all tor in the 60 more monthly nent 548.	Copy	- \$ <u>- 548</u> .°	amount on line 33b. Copy net Vehicle 1 expense	¢ 25
e the average monat are contractual led for bankruptcy. If each creditor for the contractual led for bankruptcy. Total average 1 ownership or lese 13b from line 13d scribe Vehicle 2:	nthly payment here ly due to each secu . Then divide by 60. Vehicle 1 e monthly payment ase expense a. If this amount is I	Aver paym \$_ + \$_ \$_ less than	tor in the 60 monthly nent 548. \$\frac{\pi}{2}\$\$ \$548. \$\frac{\pi}{2}\$\$ \$\$50, enter \$0	Copy here →		amount on line 33b. Copy net Vehicle 1 expense	¢ 25
at are contractual ed for bankruptcy. If each creditor for the contractual of each creditor for the contractual average. If ownership or less 13b from line 13d scribe Vehicle 2:	ly due to each secu . Then divide by 60. Vehicle 1 e monthly payment ase expense a. If this amount is I	Aver paym \$_ + \$_ \$_ less than	tor in the 60 monthly nent 548. \$\frac{\pi}{2}\$\$ \$548. \$\frac{\pi}{2}\$\$ \$\$50, enter \$0	Copy here →		amount on line 33b. Copy net Vehicle 1 expense	¢ 1%
Total average 1 ownership or lese 13b from line 13s	e monthly payment ase expense a. If this amount is l	paym \$_ + \$_ \$_ less than	548. <u>2</u> 548. 2	here →		amount on line 33b. Copy net Vehicle 1 expense	• 18
Total average 1 ownership or lea a 13b from line 13a scribe Vehicle 2:	e monthly payment ase expense a. If this amount is J	+ \$_ \$_ less than	548 <u>@</u> \$0, enter \$0	here →		amount on line 33b. Copy net Vehicle 1 expense	• 08
1 ownership or lea e 13b from line 13a scribe Vehicle 2:	ase expense a. If this amount is l	less than	\$0, enter \$0	here →		amount on line 33b. Copy net Vehicle 1 expense	¢ 0%
1 ownership or lea e 13b from line 13a scribe Vehicle 2:	ase expense a. If this amount is l	less than	\$0, enter \$0	here →		amount on line 33b. Copy net Vehicle 1 expense	¢ 18
e 13b from line 13i	a. If this amount is J				\$	Vehicle 1 expense	e 194
						11616	a 40
_	sing IRS Local Star	ndard			\$	_	
onthly payment fo ude costs for lease	r all debts secured l ed vehicles.	by Vehicle	e 2.				
	-	_ \$_	<i>:</i>				
		_ + \$_					
Total averaç	ge monthly payment	t \$_		Copy here	- \$	Repeat this amount on line 33c.	
2 ownership or lea						Copy net Vehicle 2	
	Total averaç	Total average monthly paymen	\$ Total average monthly payment \$	payment \$ + \$	payment \$ Total average monthly payment \$ Copy here→	payment \$ + \$ Total average monthly payment \$ Copy Copy	Total average monthly payment \$Copy hereRepeat this amount on line 33c.

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Document

Timothy

Page 55 of 60

Desc Main

Debtor 1

Fiene

Case number (# known) 19-40370

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, selfemployment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes, Do not include real estate, sales, or use taxes.

4<u>13</u>7.74

17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life Insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.

19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

20. Education: The total monthly amount that you pay for education that is either required:

as a condition for your job, or

for your physically or mentally challenged dependent child if no public education is available for similar services.

21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.

22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.

23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

24. Add all of the expenses allowed under the IRS expense allowances.

Add lines 6 through 23.

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Page 56 of 60 Document Timothy Case number (If known) 19-40370 Scott Fiene Debtor 1 First Name **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 528.00 Disability insurance Health savings account 528 00 Total Copy total here Do you actually spend this total amount? No. How much do you actually spend? 528.≪ X Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization, 26 U.S.C. § 170(c)(1)-(2). 32. Add all of the additional expense deductions. Add lines 25 through 31,

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main

Document

Page 57 of 60

Debtor	1

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Fiene

Case number (if known) 19-40370

Deductions	s for Debi	t Pavment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

	Mortgages on your home:	Average monthly payment
33a.	Copy line 9b here	s
	Loans on your first two vehicles:	
33b.	Copy line 13b here.	\$ 548.00
33c.	Copy line 13e here.	\$ <u>\$</u>
33d.	List other secured debts:	
	Name of each creditor for other Identify property that secures the debt include taxes or insurance	y v.
	No ☐ Yes	\$ <u>6</u>
	□ No □ Yes	\$ Ø
	□ No □ Yes	+ \$
33e. To	otal average monthly payment. Add lines 33a through 33d	\$ 548. € Copy total here → \$

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

)XI	No.	Go	to	line	35

Name of the creditor

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Identify property that

	secures the debt	amount	•	amount		
		\$	÷ 60 =	\$		
		\$	÷ 60 =	\$		
		\$	÷ 60 =	+ \$		
			Total	\$	Copy total here→	\$

Total cure

35. Do you owe any priority claims such as a priority tax, child support, or alimony that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims

Monthly cure

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 58 of 60

				Document	Page 58	of 60	
Debtor 1	Timothy	Scott		Fiene		Case number (if known)	19-40370
	First Name	Middle Neme	Last Name				

For mo	ou eligible to file a case under Chapter 13? 11 U. ore information, go online using the link for <i>Bankrup</i> ctions for this form. <i>Bankruptcy Basics</i> may also be	tcy Basics specified in the se			
🔀 No.	Go to line 37.				
☐ Yes	. Fill in the following information.				
	Projected monthly plan payment if you were filing	under Chapter 13	\$	<u></u>	
	Current multiplier for your district as stated on the Administrative Office of the United States Courts North Carolina) or by the Executive Office for Unit other districts).	for districts in Alabama and	x		
	To find a list of district multipliers that includes you link specified in the separate instructions for this favailable at the bankruptcy clerk's office.		-		
	Average monthly administrative expense if you we	ere filing under Chapter 13	\$	Copy total	\$
	of the deductions for debt payment.				\$ <u>548 00</u>
Total Dedu	actions from Income				•
38. Add all	of the allowed deductions.				
	e 24, Ali of the expenses allowed under IRS allowances	s <u>/,/37</u> .76			
Copy line	a 32, All of the additional expense deductions	\$ <u>528.00</u>			
Copy line	e 37, All of the deductions for debt payment	+\$ <u>548.00</u>	_		
	Total deductions	\$ 2,213.76	Copy total h	ere	\$ <u>2,213.</u> 7
Part 3:	Determine Whether There Is a Presumpti	on of Abuse			
39. Calcula	ite monthly disposable income for 60 months				•
39a. C	copy line 4, adjusted current monthly income	s 7,323.60			
39Ь. С	opy line 38, Total deductions	- \$ 2,213.76			
	fonthly disposable income. 11 U.S.C. § 707(b)(2). ubtract line 39b from line 39a.	\$ 5,109.84	Copy here→	\$ 5,109.84	
F	For the next 60 months (5 years)			x 60	
39d. T e	otal. Multiply line 39c by 60			\$306,590.46 Copy	304, 590,40
					\$
40. Find ou	It whether there is a presumption of abuse. Chec	k the box that applies:			
	Ilne 39d is less than \$7,700*. On the top of page art 5.	1 of this form, check box 1, 7	here Is no pre	sumption of abuse. Go	
	line 39d is more than \$12,850*. On the top of pag fill out Part 4 if you claim special circumstances. The		There is a pr	esumption of abuse. You	
☐ The	line 39d is at least \$7,700*, but not more than \$	12.850*, Go to line 41.			
	subject to adjustment on 4/01/19, and every 3 years		r after the date	e of adjustment.	
•	webset to adjustment on 4/01/10, and every d years	and that for bases med off of	. and the date	o or adjudenterit.	

Case number (if known) 19-40370 Timothy Fiene. Debtor 1 41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form..... 99,526.81 .25 24,881.70 24, 881. 70 Copy 41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I). Multiply line 41a by 0.25. 42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt. Check the box that applies: Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5. **Give Details About Special Circumstances** Part 4: 43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B). No. Go to Part 5. Yes, Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments. Average monthly expense Give a detailed explanation of the special circumstances or income adjustment My JOB HAS CHANGED IN THE LAST 2 MONTHS

DECREASE IN SALARY s - 1,100.00 Part 5: Sign Below By signing here, Laeclare under penalty of perjury that the information on this statement and in any attachments is true and correct. X Signature of Debto) Signature of Debtor 2 MM / DD / YYYY

Entered 02/25/19 10:08:14 Desc Main

Page 59 of 60

Case 19-40370

Doc 13

Filed 02/25/19

Document

Case 19-40370 Doc 13 Filed 02/25/19 Entered 02/25/19 10:08:14 Desc Main Document Page 60 of 60

Fill in this in	formation to ide	entify your case:		
Debtor 1	Timothy Fixed Name	Scott Middle Name	Fiene	
Debtor 2 (Spouse, if filing)) First Name	Middle Name	Leat Name	
United States	Bankruptcy Court fo	or the: Eastern District of Texas		⋾
Case number (if known)	19-40370		-	

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

d you pay or agree to pay someone who is NOT an attorney	to help you fill out bankruptcy forms?
Ť No	
Yes. Name of person	. Attach Benkruptcy Petition Preparer's Notice, Declaration, and
· · · · · · · · · · · · · · · · · · ·	Signature (Official Form 119).
der penalty of perjury, I declare that I have read the summa	ry and schedules filed with this declaration and
at they are true and correct.	•
((/	
Signa	ature of Debtor 2
rignature of Debtor 1 Signa	NO. 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Date 02/22/2019 Date	